THE AMA NEWS

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Capsules *of the NEWS . .*

Cancer Control: The community physician is the most important man in cancer control, according to Dr. W. Kenneth Clark, vice president of American Cancer Society. "If the community physician is not cancer-conscious, the specialist may come into the picture too late," he said. ASC estimates that of 255,000 cancer deaths in U.S., about 75,000 could be prevented by earlier detection and treatment.

Insurance Study: A $200,000 study will be made by Health Information Foundation to determine why more than 20 million Americans—one out of every eight—enter a hospital each year. One objective: To determine if there is overuse of hospitalization insurance.

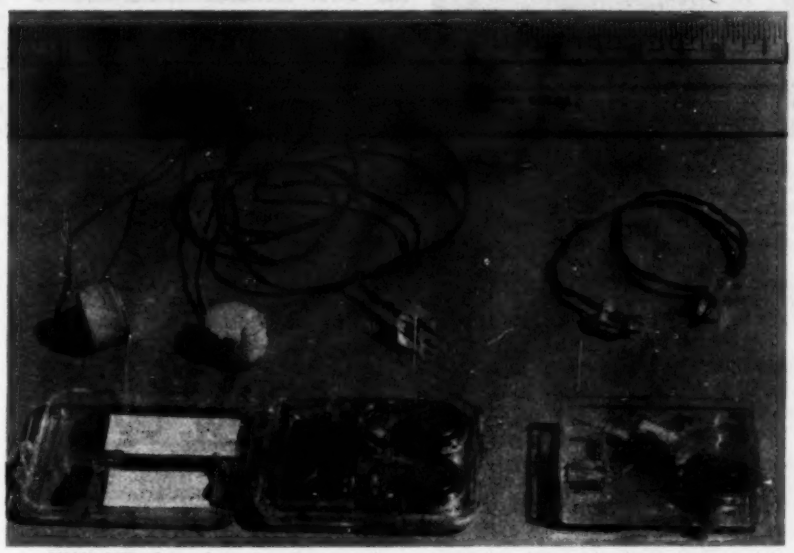
Amphetamine Kicks: Food and Drug Administration policy statement in the Federal Register will switch sales of amphetamine inhalers from over the counter to prescription only. This action followed a report from Kansas City police that juveniles soaked the "wicks" of inhalers in warm water, then injected the resulting solution for "kicks." Some 20 years ago one manufacturer reformulated its inhaler to avoid use of amphetamine after the drug was smuggled to convicts.

Private MD Ban: Reuters news service reports the Yugoslav government is moving gradually toward the abolition of private medical practice. All able-bodied doctors are bound by law to work for the state, in effect this denies the right of private practice to all except pensioners.

Epilepsy: Recent state legislation in New Jersey has exempted a history of epilepsy from the list of reasons for which a marriage license shall be denied.

Air Pollution: Studies show desert air is cleanest air. Mountain, forest air is twice as polluted as desert air, farmland air three times as polluted. Even the cleanest air in urban communities is five times as dirty as the air in any non-urban area.

Writing: Most writing is hard to read, whether it is a printed scientific article or a penned prescription. You can check the clarity of your prose style—and pick up a few pointers on how to make your handwriting more legible—in articles on page 8. A doctor and his patient team up to write a successful book, page 7.



SMALL SIZE of cumulative heartbeat recorder is seen in this photograph: Electrodes (upper left), connecting wires (upper right), open case showing amplifying and switching devices (lower left), magnet and watch mechanism (lower right).

Teamwork Pays Off

Engineers Aid Doctors

Physicians at the University of Chicago and 35 Illinois Bell Telephone Co. engineers are working as a team to develop instruments to help in the battle against heart disease, cancer, and infant deaths.

The joint effort works in this manner:

Medical researchers at the university outline the idea for an instrument which would help them in their work.

The idea is explained to Illinois Bell engineers who have formed an organization called SAVE — Service Activities of Voluntary Engineers.

Spare-Time Work: The project is then undertaken by an individual or group of engineers who develop the instrument on their own time at home.

In one year, the joint endeavor has:

- Completed working models of a tiny, three-ounce cumulative heart recorder to count the heartbeat while being worn during a full day of normal activity.
- Virtually completed a cytodiagnostic test apparatus to teach laboratory technicians how to identify cancer cells under a microscope.
- Made progress toward the development of an electronic tidal volume computer that instantaneously reports changes in the volume of air in the lungs of an infant in the hope of detecting hyaline membrane disease.
- Begun work on an electronic circuit 10 times more sensitive than existing equipment to detect radioisotopes trapped in brain tumors.
- Under development an electronic calorimeter which will give a cumulative recording of changes in body heat.

The idea for SAVE originated with William V. Kahler, president of Illinois Bell and trustee of the university.

"We feel that this teamwork between dedicated and competent medical research doctors and telephone engineers is an outstanding example of public service," Kahler said.

Expansion Planned: He plans to expand the SAVE work under the Telephone Pioneers of America. This is a rich pool of talent composed of some

(See Team, Page 2)

Postage Due Specimens Noted By Postmaster

An urgent request has been made by Postmaster Carl A. Schroeder of Chicago for all medical people to check their mailing habits.

The postmaster has reference to the habit of mailing blood and urine specimens in the screw cap mailing tube with a 4-cent stamp affixed.

The correct amount of postage is 4½ cents for a mailing tube measuring 1½ inches in diameter and 4 inches long weighing 3 ounces (3c first 2 ounces, 1½c for each additional ounce).

He also said many of the tubes are received without the necessary return addresses.

Health Center Ship Planned

A hospital ship, serving both as a treatment and educational center, will be sent to Southeast Asia on a goodwill mission under a recently announced plan of People to People Health Foundation, Inc.

The non-profit citizens' organization is negotiating to obtain the hospital ship, Consolation, as the floating health center. The 800-bed ship, built during World War II, is now in the "mothball fleet" at Mare Island off San Francisco.

President Eisenhower has termed the project "a wonderful thing" and said as soon as financial details are worked out by the Foundation "the Navy will make the ship available, I assure you."

Largest Project: Called Project HOPE—Health Opportunity for People Everywhere—this is the newest and largest undertaking of the People to People Committee for Medicine and the Health Profession, formed some time ago to answer President Eisenhower's plea for citizens to demonstrate their friendship for other peoples.

No date has been set for the ship's first voyage, but it is expected that the mission will be underway in the fall.

The AMA Board of Trustees has endorsed the project and made a cash contribution for initial organizing expenses.

Under present plans, permanent medical staff aboard the Consolation will include 10 physicians, and approximately 20 graduate nurses, technicians, and practical nurses. There also will be epidemiological, nutritional, sanitation, and public health units, each having 10 to 15 technicians.

The remainder of the medical personnel will be volunteer specialists and generalists arriving for three month tours.

Invitation Basis: The ship will be operated on an invitational basis, going to Southeast Asian nations which request aid.

It also will be available in great

(See Ship, Page 2)

Krebiozen Sponsor Rejects Plan

The National Cancer Institute reported that Dr. A. C. Ivy, sponsor of krebiozen, has backed out of a plan proposed by NCI for evaluating the disputed cancer drug.

At the same time, NCI is continuing negotiations with the Chicago physiologist in an effort to agree on a test of the drug.

Under the NCI proposal a committee of scientists was to review medical records on krebiozen and then recommend whether further clinical tests should be made.

Dr. John Heller, NCI director, said the Institute's proposal is in line with the normal procedure used to evaluate new cancer drugs. The only difference is that a special committee would be named instead of using the Institute's standing committee. Members of the special committee would be approved both by Dr. Ivy and by NCI, Dr. Heller said.

A spokesman for NCI said Dr. Ivy had agreed to the committee review and then later reverted to his original suggestion calling for a "double blind" test in which krebiozen would be administered to some patients and a blank substance to others.

Dr. Ivy said he would then pick out those patients who received krebiozen without his knowing in advance who were the recipients. This was the same plan recently rejected by the American Cancer Society.

Sen. Paul Douglas (D., Ill.), who has sought a new evaluation of krebiozen, told *The AMA News* that he still is hopeful that he can help Dr. Ivy and NCI reach an agreement "upon an acceptable scientific test" of krebiozen.

AHA Proposals Alarm Medicine

The American Medical Association is concerned about the position of the American Hospital Assn. concerning proposals for sickness benefits for the aged under the social security system.

"The conflicting statements by the AHA and the AMA on this issue are a serious threat to the splendid relationship between hospitals and physicians," Dr. F. J. L. Blasingame, AMA executive vice president, told the recent Mid-Year Conference for Presidents and Secretaries of Allied Hospital Associations.

Dr. Blasingame called for the two organizations to stand on principle and work together to defeat state medicine planners.

Medicine Alarmed: He said a statement on financing hospital care for aged persons which was adopted last August by AHA "confuses and alarms medicine." The AHA statement has been used to develop support for Forand-type bills, Dr. Blasingame pointed out.

AHA said in the statement "it believes federal legislation will be necessary to solve the problem satisfactorily" but expressed "serious misgivings with respect to the use of compulsory health insurance for financing."

AHA's statement included principles which it said must be applied to a government program but Dr. Blasingame said they are consistent with proposed amendments to Old Age Survivors and Disability Insurance and "unacceptable to American medicine."

"We are disturbed at the possibility AHA may end up supporting proposals of this type," Dr. Blasingame said and asked the hospital group to reconsider its statement.

Positive Program: The AMA recognizes the need for action on behalf of the senior citizen and has cooperated in developing a positive health program for the older citizens.

"We have faith in Blue Cross, Blue Shield and private insurance as methods of financing the cost of illness," Dr. Blasingame declared.

"We are determined to work positively on behalf of older Americans through voluntary programs of all types," he told the hospital officials. "We are equally determined to fight proposals for compulsory health insurance in any form."

Dr. Blasingame appealed to the hospitals not to become "the soft spot in the dike of voluntary financing mechanisms." It would be tragic, he added, if the designers of state medicine are permitted to "divide and conquer."

Insured Use Hospitals More Than Uninsured

Americans with health insurance make greater use of hospital facilities than persons who do not have such insurance, reports Health Insurance Institute.

An analysis of a June, 1958, survey by the U.S. Department of Health, Education, and Welfare shows that more than 11 of every 100 insured persons were hospitalized during the year ending September, 1956, as compared to nearly eight of every 100 uninsured persons. The average hospital stay of the insured person was 9.1 days while it was 12.8 days for the person without insurance.

DR. GEORGE V. LEROY of the University of Chicago is shown inserting a punched "answer card" into a part of the cytodiagnostic test apparatus. Holding the device is Illinois Bell engineer Alfred E. Petrie who worked on the project.

Team . . .

(Continued from Page 1)

195,000 active and retired telephone men and women with 21 or more years of service.

Dr. George V. LeRoy, associate dean of the university's Division of Biological Sciences, observed that the program is significant because it permits university doctors "to take advantage of a large store of information, the existence of which is either unknown to us, or to which we have limited access."

The university provides funds for the material and parts needed by the engineers.

Heart Recorder: The cumulative heart recorder was developed for Drs. Donald A. Rowley and Seymour Glagov.

It consists of two plastic boxes—each of which measures 2½ inch by 1¾ inch by ½ inch. These are taped on the subject's abdomen.

A pair of electrodes—dimes—taped to the patient's chest are wired to the first box. They pick up the millivolt of electricity generated by each heartbeat.

At the first box, the beat is amplified by a full volt by five transistors powered by two miniature mercury batteries.

The electricity then is carried by two wires to the second plastic box, coils through a magnet, and creates just enough pull to move a lever controlling the escapement mechanism of a fine watch.

Thus, each heartbeat becomes a tick of the watch. Since there are five ticks to the second, each five beats of the heart shows up on the face of the watch as one second, 300 beats equals one minute, etc.

$30,000 Contribution: Drs. Rowley and Glagov plan to see if there are significant differences in the heartbeat rates between laborers and office workers, men and women, smokers and non-smokers, and between heavy, average, and spare builds.

"We can't overemphasize our appreciation of the contribution Illinois Bell engineers have made," Dr. Rowley said. "Their effort represents about a $30,000 contribution to medical research."

The cytodiagnostic test apparatus is being developed for Dr. George L. Wied.

A punched card is prepared for each specimen slide and inserted in the tester. The student technician will evaluate the slide under a microscope and make the diagnosis by pushing buttons on the device.

When the analysis is completed, the student will push another button on the machine. The electronic device then will match the answers against the data on the punched card and give the student's score.

Broader Scope Predicted For Homemaker Services

A program to provide home help for the aged, sick and disabled, and the troubled family gained impetus at the First National Conference on Homemaker Services.

Held recently in Chicago, some 300 representatives from eight units of the U.S. Dept. of Health, Education, and Welfare and 26 national organizations—including the AMA—attended the two-day meeting.

Representatives at the meeting foresaw a broader scope of duties and an upgrading of status for women working under Homemaker Services.

Much of this, they said, would come from increasing demands for homemakers to help the infirm aged care for themselves at home.

Presently, there are only 2,000 women enrolled in this program. The purpose of the meeting was to stimulate the organization of Homemaker Services in every community.

Working out of public welfare agencies and voluntary organizations, the homemaker's guiding principle is to hold the family unit together if at all possible.

In the health field, homemakers free nurses for more urgent concerns and release hospital and nursing home beds and facilities by caring for the aged and chronically ill at home.

Microscopes Get New Eye

A new electronic tool has been developed by Radio Corporation of America which allows direct visual focusing of an image under ultraviolet light.

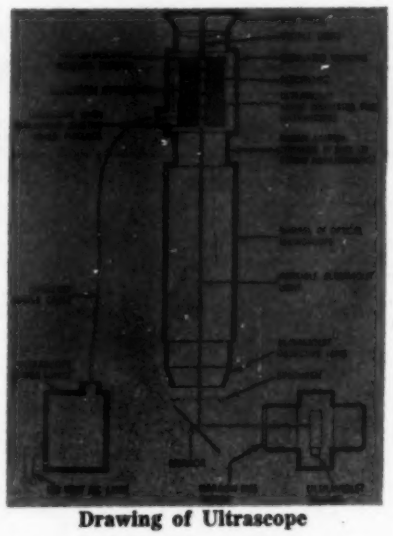
Called the ultrascope, it is the "eye" of a new attachment for a microscope which converts the invisible ultraviolet images of a specimen into visible pictures that can be interpreted.

RCA scientists described the apparatus in this manner:

The ultraviolet accessory viewer consists of two units. One unit fits onto the barrel of a microscope and contains the ultrascope and an eyepiece. The other unit is a compact power supply which is connected to the ultrascope tube by a cable.

Invisible rays from an ultraviolet lamp are projected through the specimen under observation and through an ultraviolet objective lens.

An ultraviolet image of the specimen is formed on the faceplate of the image converter tube. The faceplate transmits ultraviolet rays and has on its inner surface a photosensitive material which converts the ultraviolet image into a corresponding pattern of electrons.



Drawing of Ultrascope

The electron pattern is, in turn, focused on the fluorescent viewing screen at the end of the tube.

A visible image of the specimen appears on the viewing screen in yellow green light and is observed through a lens of the desired magnification.

Ship . . .

(Continued from Page 1)

health emergencies of which there have been several in Asia in the past few years.

The Foundation estimates that operation and maintenance of the floating hospital will be about $3.5 million annually. However, actual dollar outlay may be scaled down through donations of medical, pharmaceutical and other supplies.

Operating costs will be met by public subscription, according to spokesmen for the project.

The foundation is headed by three Washington, D. C., men—Dr. William B. Walsh, president; Joseph T. Geuting Jr., vice president; and Eugene M. Zukert, secretary-treasurer.

Medical Center Will Honor Kettering

A $4 million medical center honoring the late Charles F. Kettering will be built near Dayton, Ohio, on the famed inventor's 90-acre estate.

The Kettering Memorial Medical Center will include a 200-bed hospital, medical research building, health museum, and quarters for the Montgomery County, Ohio, Medical Society. It will be located in Kettering Village adjacent to Dayton.

2 Women Honored

Dr. Katharine Dodd, professor of pediatrics at the University of Louisville, and Dr. Marian Wilkins Ropes, assistant clinical professor at the Harvard Medical School, received Elizabeth Blackwell awards at the New York Infirmary. The awards are given annually to women physicians for distinguished contributions to medicine.

Re-examination Plan Suggested for MDs

Periodic re-examination of all physicians has been suggested by Dr. Gunnar Gundersen, president of the American Medical Association, as one of several possible ways to insure that doctors keep up with medical advances

Experience indicates that the high quality of medical care will not continue "without some definite stimulus to insure that all practicing physicians regularly keep abreast of important developments in medicine," Dr. Gundersen said.

Other Suggestions: He spoke at the annual dinner of the Federation of State Medical Boards of the U.S. The dinner was held during the 55th Annual Congress on Medical Education and Licensure, which drew 1,050 physicians to Chicago.

Two other suggestions by Dr. Gundersen were:

- Licensing boards could require doctors to participate "in acceptable programs of continuing medical education."
- Organized medicine could require post-graduate education and re-examination for continuing membership.

AMA's president said his suggestions were in line with AMA's policy to give the American people the best possible medical care.

"I personally have seen physicians who have gone to seed and no longer are an ornament to the profession," he explained.

Voluntary Basis: He added that whatever can be done to stimulate physicians to keep up with medical advances should be on a voluntary basis rather than on a governmental one.

Not only must medicine provide an adequate supply of physicians for America's growing population, but "the profession must insure the quality of physicians being produced," Dr. Gundersen said. "All physicians should have good training in all phases of medicine," he added.

He urged doctors to give more responsibility to paramedical personnel to make medical practitioners more productive and effective. He called for cooperative leadership with, not dictating to, the paramedical professions.

Uniform Policy: Dr. Gundersen told the Federation that physician movement must be encouraged to keep up with the mobile population and he asked for a uniform policy of endorsement of medical licenses.

State boards also should modify their policies to allow freedom for "sound experimentation" in the medical school curriculum, Dr. Gundersen said. He asked the boards to explore with medical educators the desirability of requiring a minimum of two years of approved hospital training after medical school before being eligible for full licensure.

AMA's Council on Medical Education and Hospitals is ready to explore with the Federation any of his suggestions, Dr. Gundersen said.

Licensure and Education

State medical licensure boards were urged to work more closely with the schools that are educating physicians.

In fact, the suggestion was made that the boards change their titles from "board of licensure" to "board of medical education and licensure."

The suggestions were made by Dr. Wesley D. Richards, Pittsburgh, president of the Federation of State Medical Boards of the U.S., at the annual Congress on Medical Education and Licensure.

Medical examining boards must keep up with the changes in medicine and medical education, so that licensure examinations properly reflect the current situation, he said. By closer affiliation with medical schools, the boards can know what changes are occurring.

Reciprocity Is Gaining

The day may not be far off when a doctor who is licensed by one state will find his license accepted in each of the other states.

Endorsement of other states' licenses is gaining acceptance among the 49 states, reports Dr. Stiles D. Ezell, associate secretary of the Federation of State Medical Boards of the U.S.

In addition, 40 of the 49 states now accept certification by the National Board of Medical Examiners although that body has no legal status.

Acceptance Gaining: Examination institutes held by the Federation at the Annual Congress on Medical Education and Licensure the past three years have helped gain acceptance for endorsement, Dr. Ezell believes.

The big problem in licensure is that of the foreign medical graduate, Dr. Ezell said. The Educational Council for Foreign Medical Graduates, Inc., established by four national organizations, is dealing with this problem.

The Federation is not attempting to establish a national examination but, through its institutes, is trying to improve the level of the state examinations which already is high, Dr. Ezell explained. The minimum sought is examination in these areas: anatomy, physiology, biochemistry, microbiology, public health, medicine, surgery, obstetrics-gynecology, pathology.

Reasons Investigated: A committee within the Federation investigates reasons why one state will not endorse another state's license and seeks to get it accepted.

Two things that make endorsement by all of the states difficult are the basic sciences laws and state laws which spell out detailed requirements.

Dr. Ezell said topics for discussion at future examination institutes will include disciplinary problems of the state boards of licensure, a review of principles of modern examinations, and a national program to assist in narcotic addiction as it involves licensed physicians.

Editorial Viewpoint

Legislation Challenges Medicine

The medical profession, and other groups closely allied with medicine, are being cleverly challenged by political proposals which would provide compulsory health insurance through the social security program for some 13 million Americans.

The American Medical Association's position on this type of legislation is clear. In the past, the AMA has vigorously opposed federal measures which would provide government hospital, nursing home, and surgical care for OASDI beneficiaries.

The AMA took a strong stand against the legislation because the bill proposed, among other things, the establishment by the government schedules of reimbursement for hospitals and physicians, benefits to all beneficiaries without regard to economic status, and a staggering $2 billion cost according to insurance actuaries.

In the past, such legislation has failed to become law, but proponents of creeping nationalization of medicine again are endeavoring to obtain favorable Congressional action on similar measures.

To physicians, there is little difference between these various proposals and the old Wagner-Murray-Dingell bills, except in initial services covered and in the portion of population affected at the start. But it must be remembered that creeping nationalization can easily break into a gallop.

There are those, however, in the profession who apparently are willing to compromise on federal legislation of this type rather than to fight for what obviously is in the best public interest. These individuals suggest that alternative legislation be introduced that would request the government to pay—or at least subsidize in a substantial way—the premiums for existing plans and insurance for OASDI beneficiaries.

Apparently they fail to see that the long range implications of this suggested legislation are basically the same as Forand-type measures.

Dozens of amendments to Title II of the Social Security Act, designed to finance medical and hospital care of the aged, have been introduced in the last few Congresses. But basically all of them have the same theme. They utilize the Federal Old Age Survivors and Disability Insurance System to purchase health benefits for eligible beneficiaries.

Whether or not a private agency, such as Blue Cross for example, becomes the fiscal agency on behalf of government is immaterial. In any event, the federal government would have to control the expenditures made, and these expenditures would have to be derived from increased social security taxes.

The AMA opposes national compulsory health insurance—whether across the board, or limited in scope—because the Association strongly believes voluntary enterprise can do the job.

This is based on the fact that time and again voluntary enterprise has demonstrated its ability to meet the needs and demands of the public.

Recognizing there is a special need for action on behalf of the senior citizen, the AMA and its state societies have undertaken a broad positive program.

The challenge is being met with the development of a program which will enable the aged individual to meet his own needs with dignity.

Private initiative is determined to work positively on behalf of the older citizens through voluntary programs of all types—and equally determined to fight proposals for compulsory health insurance in any form.

Government's position at this point should be one of trust and confidence in the ability of private initiative to solve the problem. If private enterprise cannot solve it, and if proof of this can be documented beyond doubt, then—and only then—should some other approach be considered.

This medical care problem can be solved—as have other major problems through the years—by private initiative without succumbing to nationalization in any guise.

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Insurance, Medicine Need Each Other

By Leonard W. Larson MD.
Bismarck, N.D.
Chairman, AMA Board of Trustees

It may come as a shock to some physicians to realize that the future of private medical practice depends not solely, perhaps not even primarily, on the professional competence of doctors. Because the problems of the profession with which the public is most concerned are economic, private medicine may well stand or fall depending on the success of voluntary health insurance. Long since American medicine, recognizing that voluntary health insurance offers the only sound and practical device for financing health care costs within the structure of private enterprise, placed the imprint of its approval on such insurance.

Thoughtful doctors are concerned today with a tendency in some quarters to restrict freedom of choice of physician, to derogate individual practice and to deride the traditional concept of fee-for-service. Whatever the pretensions of the advocates of these departures from the established fundamentals of private practice, the stimuli for them are economic. While we have been sorely troubled by the chorus of criticism directed at organized medicine by some labor unions, closed panel health and welfare plans, social workers and politicians, the overwhelming majority of people still have a very high regard for their doctor.

There is little criticism of the professional ability, conduct or devotion of individual physicians. It is largely to the cost of health care and the means for meeting such costs that the criticism is directed. It is on the economic front that medicine must prove its case in order to win the opportunity to be free in the future.

Anyone who has the slightest familiarity with medical practice in countries where government has the principal responsibility for paying the costs of care knows he who pays the piper calls the tune. Our own Supreme Court laid down the dictum that: "It is scarcely lack of due process for government to regulate that which it subsidizes." Obviously if medicine is to continue to enjoy a high degree of freedom from lay interference and the public is to be allowed freedom of choice of physician, financing of health care costs for most individuals must be a private, not a government function. Since voluntary health insurance is one of the major devices by which the problems of financing health care can be solved without resort to government, it is the plain duty of every doctor who believes in the superiority of private medicine to help voluntary health insurance succeed.

Unnecessary care or increases in the charges made because of the existence of insurance are unconscionable and tend to destroy the economic structure that must stand if medicine is to remain free and private. Every doctor must come to an understanding that voluntary health insurance is medicine's full partner in the American health care complex. Each needs the other. Without private medicine, there would be no need for voluntary health insurance; and, without voluntary health insurance in today's inter-dependent society, there could be no private medical practice.

Because we are convinced that the American people can get the best health care only if medicine is a free and private profession, it behooves every thoughtful, ethical physician to support and encourage the further rapid expansion and improvement of voluntary health insurance of all kinds. The amazing progress of this insurance, both quantitatively and qualitatively has resulted directly from the open, keen and clean competition among voluntary insurers of all kinds. This competition has stimulated experimentation that has led to better benefits and better methods. No one approach or type of plan has a monopoly of the virtues. All legitimate voluntary approaches to financing health care costs are equally entitled to the enthusiastic support and cooperation of medicine.

As I See It

Free Choice

(Editor's Note: The following are excerpts from a talk given by Neele E. Stears, President of Crane Co., at the Chicago Sunday Evening Club.)

My living philosophy is based upon the belief that each of us has a mission in life, part of which is impelled by the Will of God, the balance being self-motivated.

None of us influenced the fact that we were afforded the gift of life. We were born into a society in which we have a free choice over what we do with God's endowment, because of what others who preceded us thought—said—and did.

My major occupation in business is that of organizing and directing groups of people to work voluntarily and effectively together for a common good.

I would emphasize "voluntarily and effectively together," because that points up an important aspect of my philosophy. When speaking of people working "voluntarily," I think of the right of the individual freely to choose what he wishes to do with the opportunities available to him and the application of this concept to that important threesome of modern business—ownership, management, and employees.

If every individual exercised unlimited free choice, without regard for others, we would have anarchy. This emphasizes the importance of people working not only "voluntarily" but "effectively together."

It is toward the accomplishment of the latter that much of my effort is directed. In a society which concedes free choice to each individual, its preservation depends upon how well we work "effectively together." I want that freedom of choice for myself and I want it preserved for my children and theirs.

Perhaps I can summarize my living philosophy in this way: I believe our proper American emphasis upon the importance of the individual gives both opportunity and responsibility to each of us. . . . Opportunity to exercise free choice over conducting our lives in the most worthwhile manner. . . . Responsibility, individually and collectively, for preserving the concepts by which we wish to live.

Nothing Serious

• Some of the people who kid physicians about how old the magazines in their waiting rooms are, ought to read the dates on some of their unpaid bills.

• It's not difficult to make good in a big city. The difficult job is making good in the small town, where everybody's watching.

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Letters
... As Readers See It

Social Security

● It is dishonorable for the AMA to tell Congress that physicians are opposed to social security coverage, when in fact the AMA has never polled the physicians to find what their attitude on the subject really is.

My personal opinion is that the AMA is afraid of the result of a poll, and that the time has come for the state societies to ask Congress for coverage on a state basis where the majority want it.

MILMAN PEASE, MD.

Brookfield, Mass.

(Editor's Note: The AMA has rejected suggestions to conduct a nationwide poll of its members on this subject since it is a federation whose policies are determined on a representative basis. A national poll would not be in accord with the spirit of AMA's organizational structure. Like the U.S. Congress, AMA's membership expresses its opinion through its elected delegates who serve in the policy-making House of Delegates. The AMA has, however, encouraged each state to conduct its own poll, and to inform its elected representatives of the results.)

Physicians' Club

● The article suggesting a club for retiring physicians is one of the most progressive suggestions I have read in *The AMA News*.

I am sure that most of the members would be glad to pay $10 or more dues for this service.

Let's see the AMA get this wonderful idea rolling.

BRUNEL D. FARIS, MD.

Oklahoma City, Okla.

● *The AMA News* is just what the doctor ordered. Its content is to the point, interesting, and very informative.

SAMUEL J. TOBACK, MD.

Brooklyn, N.Y.

Friendly Finns

● Finnish doctors are interested in friendly intercourse with foreign colleagues and their families. We also note that colleagues abroad are interested in Finnish doctors and our northern country. Traveling abroad often is a condition for the intercourse. A doctor usually has a rather superficial contact with his colleagues if he is a tourist taken care of by a travel bureau only.

An idea about holiday exchange between doctors' families in your country and ours has been awakened among the Finnish doctors. The matter could perhaps be arranged so the families could get in touch with each other with the assistance of the medical associations in their countries.

URPO SIIRALA

Helsinki, Finland

(Editor's Note: American physicians wishing to correspond with Finnish doctors may want to write Urpo Siirala, chairman of the Board of Finnish Medical Assn., Helsinki, Finland.)

Many Doctors Leave Britain

In the past decade doctors have been leaving Britain in greater numbers than ever before.

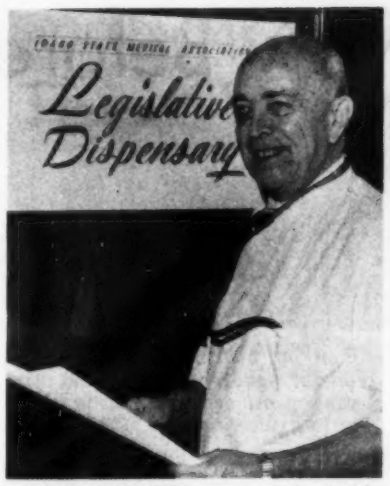
More than five GPs per 1,000 emigrated last year alone, and in the profession as a whole the rate of emigration is almost certainly higher, according to *The Lancet*, a British medical publication.

Why do they leave?

A few go in response to invitations, usually to fill university posts; some go from motives that may prompt any other emigrant, such as the attraction of a less humdrum existence, and many more see a better opportunity to exercise their skills in the "developing" countries, reports *The Lancet*.

"We must face the fact that a main reason for this heavy one-way traffic is the young doctor's difficulty in establishing himself satisfactorily in Britain," the magazine stated.

"We can offer almost unlimited opportunities for junior work in hospitals, but in practically every branch long delays must be suffered and fierce competition overcome before a man gains a permanent appointment."



IDAHO LEGISLATORS are provided a Legislative Medical Dispensary by the Idaho State Medical Assn. This marks the third session the popular dispensary has been operated. Attending physician is Dr. C. A. Robins of Lewiston, former governor and state senator. He retired last year as medical director of the North Idaho Medical Service Bureau.

WMA Leaders To Visit Asia

Dr. Gunnar Gundersen and Dr. Edwin S. Hamilton will visit Pakistan, India, Thailand and Singapore on behalf of the World Medical Assn. before attending a meeting of WMA's council in Sydney, Australia.

Dr. Gundersen, La Crosse, Wis., is president of the American Medical Association. Dr. Hamilton, Kankakee, Ill., is a past chairman of the AMA Board of Trustees. Both are WMA councilmen.

They will be accompanied on the trip by Dr. Louis Bauer, New York City, secretary-general for WMA.

The group will leave New York March 6 for Karachi, Pakistan. They will spend about 10 days at New Delhi, India, and then will stop at Bangkok, Thailand, and Singapore. The WMA Council will meet from March 25 to April 3 at Sydney.

Causes of Death

The five leading causes of death in the U.S. in 1957:

Cause	*Number of deaths*	*% of Total*
Cardiovascular	877,280	53.6
Cancer	254,780	15.6
Accidents	97,350	6.0
Pneumonia	61,090	3.7
Diabetes	27,930	1.7
All others	317,570	19.4
Total, all causes	1,636,000	100.0

Source: National Office of Vital Statistics

Library Plan Urged

Establishment of a central depository library to serve all major medical libraries in the New York Metropolitan area has been urged by Dr. Robert L. Levy, president of the New York Academy of Medicine.

Medical, Health Bills Now Before Congress

Following are more bills introduced in health fields, or of interest to medicine. It should be remembered that only a relatively few bills ever reach the stage of hearings. S. designates a Senate bill, H.R. a House bill. For copies of the bills, write your representative or senator.

Waiving of Hospital Debts. S. 115, by Javits (R., N.Y.), to Armed Services Committee.

Senator Javits would have the U.S. waive its claim on unpaid balances owed by hospitals on loans or loan guarantees made under the Federal Civil Defense Act to further civil defense purposes. About $3.6 million is outstanding. The Treasury Department is opposed to the bill as being unwarranted and unfair to hospitals that already have paid off loans.

New VA Hospitalization Program. H.R. 1164, by Rhodes (R., Ariz.), to Veterans Affairs.

This bill would require Veterans Administration to hospitalize retired military officers and enlisted men when beds were available.

Benefits for Service in Allied Forces. S. 154 by Kerr and Monroney (both D., Okla.), to Finance.

This bill would make Americans who served in allied forces eligible for same medical and other benefits as veterans of U.S. service in World War II. Similar bills have been introduced in the past.

Expand Public Assistance. S. 346, by Langer (R., N.D.), to Finance.

Presently U.S. funds help maintain four classes of public assistance cases, the needy aged, disabled, dependent children and the blind. Much of the money goes for medical care. Senator Langer is reintroducing an idea that was discussed during last year's social security hearing—extension U.S. financial aid also to any needy persons.

On the Legislative Front

Commission on Aging. S. 399, by Langer (R., N.D.), to Labor and Public Welfare.

Under this bill a 10-man U.S. Commission on the Aging and Aged would be set up to study existing programs for the aged in health and all other matters, attempt to coordinate U.S. and other efforts, and hold formal hearings to obtain information. This proposal will be among many to be considered by the 1961 White House Conference on Aging if not adopted this year.

Committee for the Blind. S. 402 by Langer (R., N.D.,) to Labor and Public Welfare.

This bill proposes establishment of a National Advisory Committee for the blind, which would study all elements in the problems of the blind and make recommendations to the President and Congress within two years. Similar bills have been before Congress for a number of years.

Extend Air Pollution Fund. S. 441 by Kuchel (R., Calif.) and Engle (D., Calif.), to Public Works.

Senators Kuchel and Engel would make permanent the Federal Air Pollution Control Law, under which $5 million is distributed annually to states for research, training and demonstration projects. The act is scheduled to expire June 30, 1960.

Liberalize Water Pollution Grants. S.R. 623, by Rogers (D., Colo), to Public Works.

Under present law, the U.S. may pay 30% of the cost of a water pollution control project or $250,000, whichever is the smaller amount. This bill would lift the $250,000 limitation.

Armed Forces Medical Academy. H.R. 720, by Bennett (D., Fla.), to Armed Services.

This bill, like others that have been offered by Rep. Bennett during the past four years, would establish a United States Armed Forces Medical Academy. Cadet enrollment would be limited to 600 at one time. Representatives, senators, the President and the secretary of defense would make nominations.

Tax Deductions for Insurance. H.R. 1291, by McDonough (R., Calif), to Ways and Means.

Under this bill up to $200 could be deducted from taxable income for health and life insurance premiums, without regard to the present law's provision that limits medical deductions to those in excess of 3% of income.

Campaign on Cancer. H.R. 1353, by Staggers (D., W. Va.), Interstate and Foreign Commerce.

As he has in the last two Congresses, Rep. Staggers is asking that Congress "authorize and request" the President to mobilize the outstanding experts in an attempt to find a means of curing and preventing cancer. The bill provides $100 million for expenses.

Alcoholism Study. S.J.Res. 1, by Johnston (D., S.C.), to Labor and Public Welfare Committee.

The objective is a 15-man commission to study alcoholism and related problems and report back to Congress and the President a year from now with recommendations. The President, president of the Senate and speaker of the House each would appoint five members.

Hill-Burton Changes. S. 641, by Bible & Cannon (D., Nev.), to Labor and Public Welfare.

This bill would allow states with fewer than 700,000 residents to shift from one category to another up to 50% of unused federal funds. Because some categorical allotments to small states are small and there are few applicants, these states feel they could make more effective use of the money if it could be applied to any type of approved hospital or clinic.

Post-hospital Treatment for Addicts. S. 717, by Kefauver (D., Tenn.) and others, to Labor and Public Welfare.

Senator Kefauver wants Public Health Service to have the authority to establish clinics for out-patient treatment of narcotic addicts released from PHS hospitals as well as for voluntary patients who have not been hospitalized. Patient records, now held confidential by law, would be made available to physicians who treat patients.

Public Housing for the Aged. H.R. 997, by Anderson (D., Mont.), to Banking and Currency.

Under this bill the states would receive $2 million in grants to survey the need for public housing for the aged and to develop programs, and $150 million annually for three years to help finance construction of such institutions. They would have to include an infirmary "in which the patient care is under the professional supervision of persons licensed to practice medicine or surgery in the state."

U.S. Regulation of Medicines, H.R. 1025, by Multer (D., N.Y.), to Banking and Currency.

Rep. Multer again is asking that the President be given authority, under certain conditions, to place under federal regulation the use, distribution, and price of medicinal substances such as vaccine, serum, chemicals, or other substances used to treat diseases.

U.S. Aid to Nurse Education. H.R. 1251, by Green (D., Ore.), to Interstate and Foreign Commerce.

A five-year, $200 million program of federal grants and scholarships for collegiate education in the field of nursing is proposed. Included would be $20 million annually for construction grants, which could be up to two-thirds of the cost in the case of new schools.

Medical Expense Deductions. H.R. 1292, by McDonough (R., Calif.), to Ways and Means.

The objective is to authorize a carry-over for three years of medical expenses in excess of the maximums allowed by the present income tax laws.

Air Pollution Control. H.R. 1297, by McDonough (R., Calif.), to Interstate and Foreign Commerce.

Rep. McDonough again is asking Congress to prohibit the use in commerce of any motor vehicle that discharges unburned hydrocarbons in an amount found by the U.S. Public Health Service to be dangerous to health.

Voluntary SS Coverage for Doctors. H.R. 1875, by Osmers (R., N.J.), to Ways and Means.

This would permit a doctor to certify that he elects social security coverage on a voluntary basis, but once this decision is of the record it would be irrevocable. An identical bill was introduced last session, but no action taken on it.

Nursing Home Loan Bill Makes Gain in Congress

An effort to improve the country's nursing homes so they can offer older people better and more economical care is making progress in Congress.

The objective is passage of legislation authorizing the Federal Housing Administration to guarantee mortgage loans for proprietary nursing homes. Because they are "single purpose" structures, the nursing homes find it difficult to obtain financing on reasonable terms, according to the American Association of Nursing Homes. With mortgages underwritten by FHA, the association's leaders are convinced that more and better care could be offered at reasonable prices.

The legislation is a part of an omnibus housing bill that went to the House for action, after passing the Senate by a vote of 60 to 28.

As reported favorably by the Banking and Currency Committee, the bill would have denied loan guarantees to nursing homes unless a state's Hill-Burton authorities certified that such an institution was needed in the particular locality. This now is required before hospitals can qualify for federal grants under the Hill-Burton program, an operation of the Department of Health, Education, and Welfare.

Housing Administrator Norman P. Mason objected to this restriction in testimony before the committee. He said the risk should be determined by business standards, and that it would be unfortunate if one agency were to have veto power over an operation conducted by another agency.

In a letter to Chairman John Sparkman (D., Ala.), American Medical Association also argued that HEW should not have mandatory supervision over a program being handled by another agency, FHA.

This situation was straightened out as a result of an amendment offered by Senator Sparkman. The amendment authorizes the FHA administrator to decide himself on an application if it has been rejected by the state Hill-Burton authorities.

'Julie' Receives Film Award in Italy

Helping Hands for Julie, a motion picture designed to recruit ancillary personnel, has been awarded a Diploma of Participation by the IX International Exhibition of the Documentary and Short Film held in Venice, Italy, in 1958.

The film was produced by the American Medical Association and the American Hospital Assn. on a grant from E. R. Squibb & Sons. Ralph P. Creer, AMA's manager of medical motion pictures and television, coordinated production of the film.

Draft Extension Passed by House

Legislation to extend the regular and doctor drafts for four more years is moving ahead in Congress, which has been warned that "this is not a Defense Department must; it is an American must."

The stern note of caution came from Chairman Carl Vinson (D., Ga.) of the Armed Services Committee when he presented the extension bill to the House for action. It was approved 381 to 20.

There was no immediate indication when the Senate would act, except that the bill will be taken up "in plenty of time" before June 30, the scheduled expiration date for both regular and doctor drafts.

At House hearings, Defense Department officials and military medical chiefs argued that without the threat of compulsory induction the military services would not receive the volunteers they need.

American Medical Association, in a letter from Executive Vice President F. J. L. Blasingame to Vinson, asked for several changes in the doctor draft.

The AMA proposed, as it has in the past, that other specialists such as engineers and physicists be subject to the special draft, as well as doctors, a suggestion the committee did not accept. Dr. Blasingame also urged that Congress give serious consideration to factors such as technical military advances and declining manpower needs before voting an extension as long as four years.

On the extension itself, Dr. Blasingame's letter stated:

". . . The American Medical Association wishes to reaffirm its position outlined in testimony . . . in May, 1957 . . . on the bill subsequently enacted. At that time the Association testified that, '. . . if the demands for the defense and security of our nation are such that, in the opinion of Congress, it is necessary to have a draft act to maintain the strength of our Armed Forces, then the extension of the present legislation would be one method to insure sufficient physicians for the military services.'"

Under the doctor draft, physicians who have received educational deferments are subject to call to their thirty-fifth birthday. Other registrants are free of obligation at age 26.

Doctor and Patient

They Wrote a Book

Much of the work on a book about heart attacks written for the laity was done while a heart specialist and one of his patients walked the streets of Los Angeles.

The cardiologist, Dr. Myron Prinzmetal, had prescribed a five-mile walk each day for the patient, William Winter, a radio-television news analyst and writer.

Winter succeeded in persuading his doctor to accompany him on the prescribed walks.

Several years ago Dr. Prinzmetal and several associates came to the conclusion that keeping the victim of a "mild" coronary in bed longer than two weeks is neither necessary nor desirable. This conclusion and the reasons for it were first published in the January, 1958, issue of the *American Journal of Cardiology*.

Book for Patients: Dr. Prinzmetal had begun to expand on the article in the form of a technical book when Winter suggested he use the material in a different manner.

"Why not make use of your knowledge to write a book for the person who can profit most by reading it—the patient?" Winter asked.

The idea appealed to Dr. Prinzmetal and *Heart Attack: New Hope, New Knowledge, New Life* was coauthored by the physician and Winter and published last summer by Simon and Schuster, New York.

It could be said that the book was born on the sidewalks of Los Angeles. As they walked, they talked. Day after day, Dr. Prinzmetal reeled off the facts which Winter noted and composed into readable form later in the day.

Book Expanded: "As we walked, Dr. Prinzmetal would say to me: 'You will find in such and such a journal a report on a study done in England on the relationship between coronary disease and exercise. Be sure to read it and make mention of this study in the chapter on exercise,'" Winter recalls.

Sometimes the patient would visit the doctor's home and they would talk about the nature of heart disease, diet or the effects of tobacco. Then Winter would return home and incorporate what he had learned into the rough draft.

The writing, rewriting and proofreading took about eight months. At

A **HEALTHY WALK** is enjoyed by coauthors William Winter, left, and Dr. Myron Prinzmetal.

first Dr. Prinzmetal had intended to include only information dealing with "mild" attacks in males. Later he expanded this material to include advice for persons who wish to avoid heart attacks, as well as counsel for those who had already suffered one.

The guide has currently sold more than 10,000 copies and is due to go into its third printing. Dr. Prinzmetal's share of the royalties is being donated for research on heart disease.

Medical Schools Get Loan Funds

Eight medical schools that made independent applications are receiving a total of $16,955 for student loans as a new federal program to promote higher education gets under way.

In addition, many thousands of additional dollars are on their way to students attending medical schools affiliated with universities, where the university was given a lump-sum to be distributed among its schools and departments.

A total of $847,958 was awarded for loans to medical and other students as the universities decide.

The Department of Health, Education, and Welfare has announced that it will ask Congress for another $24 million for additional loans to last out the fiscal year, which ends on June 30.

Because schools themselves must put one dollar for every federal dollar, a total of almost $27 million will be available if Congress approves the grant.

Needy students with superior academic background who intend to enter teaching have priority, as do exceptional students in the sciences, mathematics, engineering, and foreign languages.

The U.S. Office of Education also announces award of $400,000 in fellowships, 160 of them in the medical or allied sciences. Congress will be asked to vote another $4.5 million for fellowships to be awarded before June 30. No matching money is required for fellowships.

Key House Groups for Medicine

The following members of the U.S. House of Representatives are members of committees important in medical legislation.

Please save this list, as it will not be repeated. Important Senate Committee membership will be given as soon as selections are completed.

Ways and Means: Democrats—Wilbur D. Mills, Chairman, Ark.; Aime J. Forand, R.I.; Cecil R. King, Calif.; Thomas J. O'Brien, Ill.; Hale Boggs, La.; Eugene J. Keogh, N.Y.; Burr P. Harrison, Va.; Frank M. Karsten, Mo.; A. S. Herlong Jr., Fla.; Frank Ikard, Tex.; Thaddeus M. Machrowicz, Mich.; James B. Frazier Jr., Tenn.; William J. Green Jr., Pa.; John C. Watts, Ky.; Lee Metcalf, Mont.; Republicans— Daniel A. Reed, N.Y.; Richard M. Simpson, Pa.; Noah M. Mason, Ill.; John W. Byrnes, Wis.; Howard H. Baker, Tenn.; Thomas B. Curtis, Mo.; Victor A. Knox, Mich.; James B. Utt, Calif.; Jackson E. Betts, Ohio; Bruce Alger, Tex.

Interstate and Foreign Commerce: Democrats—Oren Harris, Ark; John Bell Williams, Miss.; Peter F. Mack Jr., Ill.; Kenneth A. Roberts, Ala.; Morgan M. Moulder, Mo.; Harley O. Staggers, W. Va.; Isidore Dollinger, N.Y.; Walter Rogers, Tex.; Samuel N. Friedel, Md.; John J. Flynt Jr., Ga.; Torbert H. MacDonald, Mass.; George M. Rhodes, Pa.; John Jarman, Okla.; Leo W. O'Brien, N.Y.; John E. Moss, Calif.; John D. Dingell, Mich.; Joe M. Kilgore, Tex.; Paul G. Rogers, Fla.; Robert W. Hemphill, S.C.; Daniel D. Rostenkowski, Ill.; Lawrence Brock, Neb.; Republicans— John B. Bennett, Mich.; William L. Springer, Ill.; Alvin R. Bush, Pa.; Paul F. Schenck, Ohio; Steven B. Derounian, N.Y.; J. Arthur Younger, Calif.; William H. Avery, Kan.; Harold R. Collier, Ill.; Milton W. Glenn, N.J.; Samuel L. Devine, Ohio; Hastings Keith, Mass.; Ancher Nelsen, Minn.

Veterans: Democrats—Olin E. Teague, Tex.; W. J. Bryan Dorn, S.C.; Elizabeth Kee, W. Va.; Frank W. Boykin, Ala.; George H. Christopher, Mo.; James A. Haley, Fla.; Walter S. Baring, Nev.; Erwin Mitchell, Ga.; Robert A. Everett, Tenn.; Robert N. C. Nix, Pa.; James M. Quigley, Pa.; John M. Slack Jr., Va.; Gerald T. Flynn, Wis.; Thaddeus J. Dulski, N.Y.; Steven V. Carter, Iowa; Newell A. George, Kan.; Republicans—Edith Nourse Rogers, Mass.; William H. Ayres, Ohio; E. Ross Adair, Ind.; Paul A. Fino, N.Y.; John P. Saylor, Pa.; H. Allen Smith, Calif.; Charles M. Teague, Calif.

Rules: Democrats—Howard W. Smith, Va.; William M. Colmer, Miss.; Ray J. Madden, Ind.; James J. Delaney, N.Y.; James W. Trimble, Ark.; Homer Thornberry, Tex.; Richard Bolling, Mo.; Thomas P. O'Neill Jr., Mass.; Republicans—Leo E. Allen, Ill.; Clarence J. Brown, Ohio; B. Carroll Reece, Tenn.; Hamer H. Budge, Idaho.

In More Ways Than One

Most Writing Is Hard To Read

Most scientific writing can be improved by being rewritten and condensed, believes Robert Gunning.

He told an American College of Radiology workshop that "in some areas of science there truly is a national emergency in communicating with others."

Gunning's firm at Blacklick, Ohio, is hired my many industries to improve their writing. He wrote *The Technique of Clear Writing*, published in 1952 by McGraw-Hill Book Co., Inc., 330 W. 42d St., New York 36, N.Y.

Fog Warning: "Usually professional men who write feel that long words take the place of small words but those long words attract unnecessary complexity," Gunning said.

"The healthy business of writing becomes tumerous in scientific writing," he added.

He asked doctors to remove the "fog" from their writing. He likened the "fog" to static on radio and snow on television.

"Anything that reaches its audience has a low fog index," Gunning said. "It's possible to do great things within simple writing."

Points to Watch: "Good writing is simple writing done in a way that the reader doesn't notice it," he explained. Gunning noted he would not be allowed to practice medicine without being trained. He said doctors should study the work of professional writers to improve their own.

He gave these points for simpler writing:

- Watch your vocabulary. Length itself makes a word hard to read. It's all right to use words of your specialty with others in your field.
- State qualifications strongly but put them in separate sentences.
- Think about your reader and what you would say to him. "We forget that the written word is a substitute for the spoken word."
- Vary the length of your sentences. *Time* and *Newsweek* average 17 words, *Atlantic Monthly* 20 words, yet they are aimed at the college trained person.
- Use active verbs to have lively sentences. He pleaded with the doctors to avoid turning active verbs into nouns.
- "I'm not going to convert you from the chronological method of writing your reports but I suspect that most people will look at the result first and then read the details if they are interested."
- A good way to check on your writing is to look at something you've written three weeks ago and see what can be cut out.
- Too much scientific writing reads as though it were written to impress rather than express, Gunning said. He believes that it usually is the incompetent person who writes complex articles.

Fog Formula

Here's the formula to check the fog index of your writing: $FI = .4(SP + PS)$.

The answer indicates the school level that will understand what you've written, Robert Gunning says.

In the formula SP is average sentence length, counting a complete thought as a sentence. PS is polysyllable, in this case words of more than three syllables. Proper names are not counted.

The fog index of the accompanying story about Gunning's talk is 18.

The doctor's handwriting, long a favorite subject of ridicule, may not be quite as bad as the patient thinks it is. But it is pretty bad. And so is the patient's.

Physicians probably gained their reputation for illegibility from the millions of patients who, discovering that they couldn't read their prescriptions on the way to the drugstore, mistook Latin abbreviations and apothecaries' symbols for poor penmanship.

Nevertheless, pharmacy schools prepare their students for doctoral scrawling by requiring the future pharmacists to practice the decipherment of typical handwritten prescriptions.

Always a Problem: The dean of one school of pharmacy, while admitting that physicians' handwriting is always a problem, reports that experienced pharmacists have almost no trouble with even the worst penmanship.

If it is any consolation, the worst penmanship of doctors appears to be no worse than that of people in general. For example:

- The Post Office Department's dead letter office gets about three million letters a year because the addresses cannot be read.
- American businesses lost about $70 million in 1954 because of illegible handwriting.
- One telephone company set up penmanship classes for toll operators when it found it was losing $50,000 a year because charge tickets couldn't be read.
- Thousands of income tax returns are held up every year because Internal Revenue Service can't unscramble the scribbles.

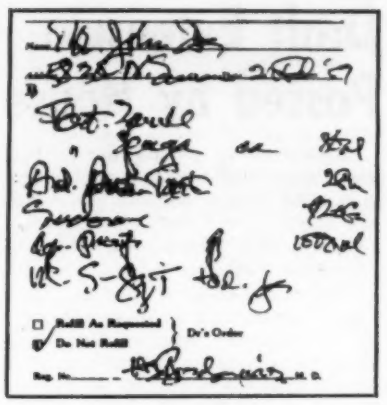
Attempts to remedy this sloppy situation are being made by the Handwriting Foundation, a non-profit organization in Washington, D.C. It offers free training manuals and publicizes good penmanship.

There is concern about legibility in England, too, where the Society for Italic Handwriting is encouraging a return to the cursive style used by Queen Elizabeth I. None of this may do any good.

An Old Problem: Handwriting appears to have been slovenly for centuries. In the 14th century Chaucer complained that he had to "correct and also rub and scrape" because of the negligence and haste of his scribe.

And in the 19th century, a Kansas mother asked Editor Horace Greeley for advice on how to cure her son of making turnip wine. Greeley's prescription looks like this:

"Butter but any cakes, fill any undertaker, we'll wean him from his filly."



Writ by Hand

Pen Points

Here are a few pointers offered by the Handwriting Foundation to those who wish to improve their penmanship:

- Watch your loops. Letters such as *e*, *l*, and *f* should have loops, but don't put loops in *t*, *i*, and *d*.
- Close the tops. The letters *a*, *g*, and *o* should be closed at the top.
- Avoid angularization. If your *m* and *n* do not have rounded shoulders, chances are your *m*, *n*, *i*, and *u* will look alike. Test yourself by writing the word *minimum*.
- Practice on *r* and *v*. The letter *r* is one of the most troublesome, often looks like *i* or *n*. Letter *v* often looks like *n*, *u*, or *r*. Try writing the word *verve*, one of the most difficult to write legibly.
- Be careful of numbers. The figures *3*, *5*, and *8* will look alike unless they are carefully formed. So will *1* and *7*.
- Take a look. The spaces between words should be the same, the letters should slant consistently, and the words should be in a straight line across the page.

Copies of training manuals are available free, in limited quantities, from the Handwriting Foundation, 1426 G. Street, N.W., Washington 5, D.C.

Prefab Medical Buildings Make Parks for Doctors

Prefabricated medical buildings set in spacious Doctors' Parks are being built in the Midwest by a Madison, Wis. firm.

Four such developments have been built, in Madison; Dubuque and Des Moines, Iowa, and St. Cloud, Minn. Others are scheduled for Ames, Iowa; St. Charles, Ill., and Albert Lea and Chaska, Minn.

Before the end of this year Marshall Erdman and Associates, Inc., the Madison building firm, hopes to have established Doctors' Parks in 20 Midwestern cities and two Eastern cities.

Building Since '53: The Erdman company has been building prefabricated medical buildings since 1953. They are designed for from one to eight doctors, are erected in 60 to 90 days and cost from $16,000 to $80,000, exclusive of land and landscaping.

The medical buildings have separate entrances and waiting rooms for each doctor's suite, laboratory facilities, consultation rooms and examination rooms.

Brick, redwood, aluminum panels or a combination of these make up the exteriors of the contemporary style buildings. Interiors have wood panelling, vinyl tile floors, acoustical ceilings and special plastic paints as well as soundproof partitions.

Erdman said arranging the prefabricated medical buildings in a Doctors' Park allows doctors who want to own their own buildings and maintain independent practices to remain in close touch with other doctors. A drive-in pharmacy is included in the park area.

Park-Like Atmosphere: The original Doctors' Park was built in Madison. In 1953 Erdman was planning a medical arts building for 30 doctors on a five acre tract. After two years of planning, the firm found it could not satisfy all of the doctors wishes.

"So the plans for a single building were discarded in favor of an entirely new approach—separate, one-story and split-level buildings to be owned by one to six doctors, with a master plan for parking and landscaping and a park-like atmosphere for the entire area," explained Erdman.

Erdman is planning to establish a branch factory in Pennsylvania this year.

Doctors Sought By Government

Uncle Sam is looking for physicians who would like to make a career in civilian medicine in the government. Doctors are designated as medical officers but they do not serve in uniform nor are they subject to military discipline.

Recruiting is being done by the Civil Service Commission, which says posts are open in the National Institutes of Health, civilian service in Army, Navy, and Air Force installations; Public Health Service, Indian Service hospitals, Food and Drug Administration, U.S. Children's Bureau, and St. Elizabeth's Hospital in Washington, D.C.

For most positions, an applicant must have completed rotating internship and must be currently licensed to practice.

Scanning the News

Smoking: A Boston chest surgeon, Dr. Richard Overholt, told fellow MDs they should be ashamed of themselves for smoking. Speaking at Phoenix, Ariz., cancer seminar, he said smoking is more a health menace than radioactive fallout, can shorten the user's life by as much as nine years and can accelerate lung cancer. Dr. Overholt said he gave up smoking in 1942.

Income: In a lifetime, the average family has an income of about $250,000, of which $6,000 goes for doctor, dentist, medicines, and hospital care. Where does the other $244,000 go? Housing gets $58,000; food and drink, $48,000; taxes, $36,000; contributions, gifts, books, and dues, $26,000; family car, $24,000; insurance, $16,000; clothing, $12,000; recreation, $12,000; personal expenses, $12,000.

Drugs: It takes 16 manufacturers to account for about two-thirds of the pharmaceutical industry's total volume as contrasted with the steel industry where only six companies account for two-thirds of the total volume, and with automobiles and aluminum with two each, according to John T. Connor, president of Merck Sharp & Dohme.

Typewriter: An electronically operated typewriter which enables paralyzed patients with only a minimum of head movement to type 30 words a minute has been developed in the pediatric departments of Boston University School of Medicine and Boston City Hospital. To operate the machine, the patient wears a small parallel-beam headlight which he focuses on a photo-electric panel board containing letters and symbols of a standard typewriter keyboard.

Assignments: Sen. Ernest Gruening, MD (D-Alaska), first doctor in U.S. Senate in nearly a generation, is a member of the Interior and Public Works Committees as well as Government Operations. Committee assignments of four doctors in the House: Rep. Thomas E. Morgan (D-Pa.), chairman Foreign Affairs Committee; Rep. Walter H. Judd (R-Minn.), Foreign Affairs; Rep. Ivor Fenton (R-Pa.), Appropriations; Rep. Dale Alford (D-Ark.), Post Office and Civil Service.

Narcotics: A New York legislative committee, after a three-year study, said few private physicians are "interested enough to attempt to seek out the limits of their professional responsibility with a narcotic addict patient." Reasons: Lack of any specific effective therapy and addicts are generally unreliable in keeping medical appointments. The committee called narcotics addiction New York's "most complex and difficult" health problem. New York has 43% of the nation's narcotics addicts.

Prescription: Canada's first prepaid prescription cost insurance, organized by five Windsor, Ontario, druggists, now has 75 of the county's 85 pharmacies as members. Customers pay a monthly membership ranging from 95c a person to $3.65 for a subscriber and four dependents. Subscribers then pay a flat fee of 35c for each prescription filled. Ten per cent is deducted from member pharmacists' monthly bills to cover cost of processing statements.

Russia: Moscow Radio recently announced the formation of a special commission in the Soviet Academy of Medical Sciences to study cancer problems. A big hospital will be built in Leningrad for treatment and research in cancer.

Burns Study Planned

A $250,000 research center for the treatment of burns, the only one of its kind in the Midwest, will get its start from contributions by a small group of Chicago doctors.

The doctors, members of the staff at Franklin Boulevard Community Hospital, are contributing the insurance payments they receive for the treatment of victims of the Our Lady of the Angels School fire.

Victims' Memorial: The research center, which is expected to be in use by July 1, will serve as a memorial to the 90 children and three nuns who died in the December 1 tragedy. The physicians previously waived their fees to the families of uninsured victims.

The new unit will be known as the Franklin Boulevard Burns Center. P. A. DeMoon, administrator of the hospital, said he knows of only two other similar centers in the country. They are at Duke University and at Texas University.

The center will be housed in seven rooms of the hospital and in another structure across the street.

At least $75,000 will be spent for equipment in the center, Dr. William J. Kroulik, the hospital's medical director said. The equipment will include a $25,000 artificial kidney.

Directors Named: Director of the center will be Dr. John Familaro. Laboratory work will be directed by Dr. Harry Weisberg. A physician will be employed to supervise research.

Dr. Kroulik said funds for the center are being raised by grants from industry, by contributions by individuals, and by parties held throughout the city.

A MEDICAL GOURMET, Mrs. Shirley Morabito of New York is chief medicine taster for a pharmaceutical company. Mrs. Morabito, who heads a staff of 40, has tasted 700 medicines in the last three years. She said she has found that most people think brown medicines taste worst.

Dr. Edward L. Turner

Dr. Turner Heads Science Division

Dr. Edward L. Turner has been named director of the AMA's new Division of Scientific Activities. Dr. Walter S. Wiggins will succeed Dr. Turner as secretary of the Council on Medical Education and Hospitals.

Dr. W. S. Wiggins

The Division of Scientific Activities will include the Councils on Mental Health, Scientific Assembly, and Medical Education and Hospitals; the American Medical Education Foundation, and the Department of Therapy and Research. All scientific activities of the AMA will be coordinated through the new division.

Dr. Turner had been secretary of the Council on Medical Education and Hospitals since 1953. Dr. Wiggins had been associate secretary since 1954.

Before joining the AMA council, Dr. Turner was dean of the University of Washington School of Medicine, Seattle, which he helped organize. He has served as president of Meharry Medical College, Nashville, Tenn., and on the faculty of American University of Beirut, Beirut, Lebanon.

Dr. Turner interrupted his tenure at Beirut to serve on the house staff of Billings Memorial Hospital at the University of Chicago for a year. Upon his return to the Middle East in 1931 he conducted a teaching and research program and an active private practice. He was in private practice at Bradford, Pa., when he was asked in 1945 to organize the Washington medical school.

He received his BS and MS degrees from the University of Chicago and his MD from the University of Pennsylvania.

Dr. Wiggins was assistant dean at the State University of New York College of Medicine, Syracuse, before coming to the AMA. He had been director of the Syracuse Medical Center Tumor Clinic and held teaching positions at Syracuse University College of Medicine.

Dr. Wiggins served in the Army from 1942 to 1946 and was discharged with the rank of major. He is the author of many papers, particularly in the field of medical education.

Dr. Wiggins received his BS degree from Pennsylvania State College and his MD from Jefferson Medical College.

Realism Urged On Health Care

A united stand against the "thrusts of big government into the medical care field" and "realistic, positive approaches to all phases of health care" were urged by Dr. Louis M. Orr at the annual Blue Shield National Professional Conference held recently in Chicago.

Referring to the needs of the old-age population, the president-elect of the AMA said he was "gratified that Blue Shield has been one of the first to pledge its all-out cooperation in working with the medical profession to do an effective job in providing medical care for the aged, especially the lower income group."

Future at Stake: He called for an even greater effort in this area, saying:

"The future of medicine and voluntary enterprise may well be determined largely by the extent to which Blue Shield and other voluntary financing mechanisms expand their coverage of the older citizens."

In a panel discussion, Dr. Ernest B. Howard, assistant executive vice president of AMA, warned that the Forand Bill of the last Congress was just a "feint" in a broad strategy by advocates of government-financed health insurance for the aged.

He said the medical profession and voluntary health financing organizations must not be taken in by compromise proposals by backers of Forant-type bills which would include the principle of government-financed health care.

Government Purchase: An example of this, he said, was a plan whereby hospitalization coverage would be purchased by the government for the aged through an intermediary such as Blue Cross.

Dr. Donald Stubbs, Washington, D.C., chairman of the Board of Directors of Blue Shield, emphasized the urgent need of better understanding by all physicians of the job Blue Shield was created to do. He said:

"We've passed the point of no return in building voluntary health insurance in America. Without Blue Shield, the freedom of medicine would be lost."

National Foundation Committee Named

Dr. Thomas B. Turner, dean of the Johns Hopkins University School of Medicine, Baltimore, Md., is chairman of the National Foundation's new Committee on Professional Education.

The committee will advise the Foundation in allocating March of Dimes funds to help increase the number of scientific investigators and trained health personnel, said Basil O'Connor, president.

Other committee members are:

Dr. Louis A. Buie, Mayo Clinic, Rochester, Minn.; Dr. John L. Caughey, Western Reserve University School of Medicine, Cleveland; Conrad A. Elvehjem, Ph.D., University of Wisconsin, Madison; Dr. Morris Fishbein, Chicago; Dr. George T. Harrell Jr., University of Florida College of Medicine, Gainesville;

Joseph C. Hinsey, Ph.D., New York Hospital-Cornell Medical Center, New York; Carlyle Jacobsen, Ph.D., State University, Upstate Medical Center, Syracuse, N.Y.; Elizabeth Kemble, Ph.D., School of Nursing, University of North Carolina, Chapel Hill; Dr. David E. Price, U.S. Public Health Service, Washington, D.C.;

Dr. Ernest L. Stebbins, Johns Hopkins University; J. E. Wallace Sterling, Ph.D., Stanford University, Palo Alto, Calif.; Mary E. Switzer, Department of Health, Education and Welfare, Washington, D.C.; Dr. Edward L. Turner, American Medical Association, Chicago; Douglas Whitaker, Ph.D., Rockefeller Institute, New York; Marian Williams, Ph.D., Stanford University.

AN AID TO PHYSICIANS in choosing a location is a map pinpointing the distribution of medical services. This map, in the office of Arizona's Maricopa (Phoenix) County Medical Society, gives an accurate picture of the distribution of the county's 501 doctors. Dr. Paul L. Singer (right), society president, points out a practice location for Dr. George L. Hoffman who recently moved to Arizona. Dr. Hoffman settled in Mesa, 10 miles east of Phoenix.

Cancer Society Liaison Asked

Improved liaison between county medical and cancer societies could provide "real cancer education for the physicians of the community," Dr. William J. Flynn of Youngstown, Ohio, told a medical meeting at Minneapolis called by the American Cancer Society.

The meeting, Feb. 9 and 10, was held to find better ways of keeping the local doctor informed on the latest developments in cancer. Physicians attending included those from state medical societies and cancer education committees.

Dr. Flynn, an ACS official at Youngstown, said relationships between the American Medical Association and ACS were "excellent" on the national and state levels, but should be closer on the county level to help the general practitioner.

"The combination of heavy work loads and a rapidly accelerating pace of advances in medicine is straining the community physician's ability to keep abreast," Dr. Harold S. Diehl, ACS senior vice president, told the group.

A similar meeting will be held in Atlanta on Feb. 20-21. Meetings have been held in San Francisco and New York.

Weekend Hospital Trains Reserves

In the heart of New York City is a 1,000 bed military hospital which operates only one weekend each month. It's the 635th USAF Hospital (Reserve) at 346 Broadway, manned by Air Force Reserve personnel and commanded by Col. Wilbur A. Smith.

The Reserve personnel train two days a month to sharpen their military hospital skills to run the hospital full time if the unit is called to active duty in a national emergency.

Medicolegal

Covenant May Limit Practice

Every physician should have the right to practice in a community he feels he can serve best, but many employed doctors and junior partners are restricted by contractual provisions with senior practitioners and clinics from doing so.

These provisions—known as "restrictive covenants"—prohibit doctors from practicing in the community for periods as long as 10 years after their employment or partnership has terminated.

Physicians who are bound by restrictive covenant clauses cannot engage in independent practice, medical partnerships, or seek other medical work in the same community regardless of the hardships that may result to himself and his family.

Many times, these restrictive covenant provisions become a real pitfall and physicians considering an employment contract would do well to take the following precautions:

- Don't sign any contract without having a lawyer check it first. His fee for this service probably will be far less than expected and may be a pittance compared to the benefits which will be realized in the long run.
- Try to have any restriction on future practice omitted from the contract.
- Ask for a trial period before a restrictive covenant becomes operative if the employer insists upon such a provision. For example, if the employment is terminated within a year, there should be no prohibition which keeps the physician from seeking other employment in the same community.
- Do not accept a provision which prohibits one from practicing in the community whenever employment ceases. For example, the agreement could provide that the restrictive covenant would become operative only after the first year and cease after the fifth year of employment.
- Make sure that the restrictive covenant is not operative if one leaves the employment for just cause or if one is discharged without adequate reason.

Medicolegal Film Features Hospitals

A new film on hospitals and the law, *No Margin for Error*, has been released by the American Medical Association and the American Hosital Assn.

The film presents the cause and effect of human mistakes in the complex system of the modern hospital and points the way for active cooperation between medical and administrative staffs of the hospital.

No Margin for Error is a 16 mm. 30-minute black and white optical sound film. Prints are on loan from the Wm. S. Merrell Co., Cincinnati 15, Ohio, the AHA or the AMA.

Dr. Furey Honored

The Gold Medal of the American College of Radiology has been awarded posthumously to Dr. Warren W. Furey of Chicago who died last Nov. 18. At the time of his death, Dr. Furey was a member of AMA's Board of Trustees.

Staph Studies Listed

U. S. Public Health Service's Communicable Disease Center at Atlanta is continuing to study the work of hospital infection committees throughout the country and hopes to be able to develop sample forms and procedures, reports Dr. Robert J. Anderson, CDC chief.

Dr. Anderson listed these materials distributed since the National Conference on Staphylococcal Disease last September:

- Copies of proceedings of the conference have been distributed to 10,000 hospitals in U. S. by E. R. Squibb and Sons.
- CDC has compiled a 237-page collection of reprints, available from Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., for $1.25 a copy. Its title is *Selected Materials on Staphylococcal Disease, Public Health Service Publication No. 627.*
- *Bibliography, Staphylococcal Infection,* covering literature of 1952 through May, 1958, has been produced by the Reference Division, National Library of Medicine, Public Health Service, Washington, D. C.
- CDC is preparing a compilation of *Selected Materials on Environmental Aspects of Staphylococcal Disease,* which will be made available through the Government Printing Office.
- A 10-foot exhibit, "Today You're Working on Staph," has been made at CDC to call attention to materials on the staphylococcal problem.
- A 40-minute tape recording containing excerpts from the national conference has been distributed to hospitals by Squibb and Sons.

Scientific Briefs

Hookworm: A new synthetic anti-hookworm compound — bephenium hydroxynaphthoate — has been discovered by scientists at Britain's Wellcome Foundation, Ltd. The researchers say clinical tests have shown that a single oral dose of the drug will eradicate hookworm in most patients. In severe cases, three doses are given in one day or single daily doses for four or five days.

Atherosclerosis: Investigators at Bowman Gray School of Medicine have found that fatty atherosclerotic deposits, similar to those found in human beings, occur naturally in the arteries of three breeds of genetically pure pigeons. They are studying the pigeons in an effort to evaluate the roles of heredity and environment in development of atherosclerosis.

Polio: A portable "breathing belt" has been developed by National Foundation research workers to take the place of the more cumbersome chest respirator for polio patients who have some mobility. Known as pneumo, the lightweight, 18-inch belt fits around the patient's abdomen and provides the muscular movements necessary for respiration. Belt is operated by a battery and blower, both about the size of car batteries.

Arteries: Dr. A. Curtis Higginbotham, West Virginia University School of Medicine, is studying the effects of drugs and diets on diseased arteries by arterial transplantation. Diseased artery segment from donor animal is transplanted to healthy host animal's interior eye chamber where it is possible to maintain it for study.

Alcoholics: Group dancing and psychodrama—a therapeutic device in which the patient acts out his problems—has been helpful in treating alcoholics, reports Dr. Ruth Fox, medical director, National Council on Alcoholism. She says psychodrama gives the patient a better insight into his problem and group dancing helps overcome passivity and withdrawal of some alcoholics.

Donors: The reportedly successful grafts of bone marrow to five Yugoslav scientists who received an overdose of atomic radiation has prompted the formation of an association of bone marrow donors in Paris. Six scientists who were irradiated in a reactor accident near Belgrade Oct. 16 had been flown to France for treatment at a Curie Foundation hospital. One of them died.

Rural Health Meeting Set

Mental health, aging, nutrition, costs of medical care, and health insurance—and their effect on rural residents—will be highlighted at the 14th National Conference on Rural Health, March 5-7, in Wichita, Kan.

Sponsored by AMA's Council on Rural Health, the meeting is expected to draw some 700 representatives of medicine, farm groups, and governmental agencies. It will be held at the Broadview Hotel.

Opening day speakers include Dr. Louis M. Orr, AMA president-elect, and Gov. George Docking of Kansas.

Dr. F. S. Crockett, Lafayette, Ind., chairman of the AMA council, will talk on the general theme of the conference, "Horizons in Rural Health."

Tax Series, Part 5

How To Compute Depreciation

(Editor's note: This is the fifth article in a seven-part series intended to give physicians useful information and tips in preparing their 1958 income tax returns.)

The cost of medical equipment, office furniture, buildings and other property with a useful life of more than one year may not be deducted in full in the year of purchase as expense.

However, a reasonable allowance may be deducted each year as depreciation for the exhaustion, wear and tear, and obsolescence of depreciable property used in business, professional practice, or held for the production of income. In this way, the cost of depreciable property, less the salvage value, may be recovered over the period of its estimated useful life.

Under the "Technical Amendments Act of 1958," taxpayers have an option of claiming a first-year depreciation deduction of 20% of the cost of tangible business property (but not real estate) with the balance to be depreciated by recognized methods under the Internal Revenue Code.

There are advantages and disadvantages in using this initial 20% depreciation deduction. As a general rule, a physician should not claim the first year 20% deduction if he expects his income to go up, since he will want to take his maximum deductions in later years when he has a higher income. (This was discussed in the Dec. 1 issue of *The AMA News.*)

Three Methods: The three methods most generally used in computing depreciation are: (1) Straight line method; (2) declining balance method; (3) sum of the years-digits method.

Under the straight line method, the cost of the property, less its estimated salvage value, is deducted in equal amounts over the period of its useful life.

The declining balance method is worked out by taking the largest depreciation deduction in the first year and a gradually smaller allowance in each of the following years. The amount of depreciation taken each year is subtracted from the cost of the property before computing the next year's depreciation, so that the same depreciation rate is applied to a smaller or declining balance each year.

Under the sum of the years-digits method, a changing fraction is applied each year to the cost of the property less its estimated salvage value. The denominator of the fraction, which remains constant, is the total of the digits representing the years of estimated useful life of the property. If the estimated useful life is 5 years, the denominator is 15 (1+2+3+4+5=15). The numerator of the fraction changes each year to a number which represents the useful life remaining at the beginning of the year for which the computation is made.

Thus, for property with an estimated life of 5 years, the fractions for the years would be: 5/15, 4/15, 3/15, 2/15, 1/15.

Examples: Here is a comparison of depreciation writeoffs under the three methods for a machine with a 10-year life, costing $10,000, and without salvage value—

Year	Straight Line (10%)	Declining Balance (20%)	Sum of Years-Digits
1	$ 1,000	$ 2,000	$ 1,818
2	1,000	1,600	1,636
3	1,000	1,280	1,455
4	1,000	1,024	1,273
5	1,000	819	1,091
6	1,000	655	909
7	1,000	524	727
8	1,000	420	545
9	1,000	336	364
10	1,000	268	182
Total	$10,000	$ 8,926	$10,000

Traveling: Traveling and transportation expenses which are ordinary and necessary to the conduct of a doctor's practice or employment are deductible.

The cost of meals and lodging incident to such travel is deductible only if the taxpayer is away from home overnight.

The Internal Revenue Service requires that a taxpayer who claims a deduction for traveling expenses should attach a statement to his return explaining in detail the expenses claimed.

The statement should show:

- Nature of the taxpayer's business or employment.
- Number of days away from home on business.
- Total amount expended for meals and lodging.
- Total amount of other expenses incident to travel and claimed as a deduction.

Wife's Expenses: If a wife accompanies her husband on a business trip or to a business convention, the portion of the expenses attributable to her travel, meals, and lodging are not deductible, unless it is established that her presence was necessary and served a bona fide business purpose.

New Employment: Expenses of traveling to another city to seek or accept other employment are not deductible. Neither are the traveling expenses incurred in seeking a new location in another city.

Education: In general, a physician's expenditures for his education—except for "refresher" courses—are considered personal and are not deductible.

Education courses, to be considered as refresher courses, must be for the purposes of keeping the physician abreast of current developments in his field of practice, of short duration, not taken on a continuing basis, and not carrying academic credit.

Referral: The Internal Revenue Service has rules specifically on the payment of referral fees by surgeons to the doctors who refer patients to them.

The ruling provides that such fee-splitting payments are deductible only when it can be proved that they are customary in the profession and in the community, are appropriate and helpful in obtaining patients, and do not frustrate any sharply defined national or state policies evidenced by a governmental declaration prescribing particular types of conduct.

Seventeen states prohibit fee-splitting under any circumstances and six states prohibit fee-splitting without the knowledge of the patient.

(Next issue: Partnerships.)

Grants Received

Five hospitals and schools have received grants totaling $76,047 for a variety of research projects in hospital administration and services. Hospitals and amounts are Highland View, Cleveland, $21,165; Cornell University, $19,895; University of Minnesota, $8,942; University of California School of Public Health, $2,294; United Hospital Fund of New York City, $13,750.

Education Fund Group Is Named

A national campaign committee has been named to direct the American Medical Education Foundation's 1959 fund drive. Dr. Frank B. McGlone, Denver, Colo., is chairman.

More than $4 million, representing 1958 contributions, was presented to the 85 medical schools during the annual Congress on Medical Education and Licensure.

AMEF gave $1,133,664, which represents gifts by doctors. The National Fund for Medical Education, New York, gave $3,000,185, which came from industry, individuals and the Ford Foundation.

Other members of the campaign committee are Drs. W. G. H. Dobbs, Torrington, Conn.; Wilbur E. Flannery, New Castle, Pa.; Jack Q. Cleveland, Coral Gables, Fla.; Carlo J. Tripoli, New Orleans, La.; W. E. G. Lancaster, Fargo, N.D.; James P. Murphy, St. Louis, Mo.; J. K. Burton, Boise, Ida.

Here's a state by state report for 1958 AMEF gifts with 1957 totals listed second:

Alabama, $8,387, $6,599; **Alaska**, $1,414, $125; **Arizona**, $12,638, $9,113; **Arkansas**, $2,044, $2,046; **California**, $171,611, $165,105; **Colorado**, $21,326, $23,997; **Connecticut**, $16,271, $15,362; **Delaware**, $5,359, $3,004;

Florida, $6,978, $6,460; **Georgia**, $4,494, $3,586; **Idaho**, $3,031, $886; **Illinois**, $200,191, $199,256; **Indiana**, $50,259, $19,568; **Iowa**, $6,220, $7,840; **Kansas**, $15,251, $15,127; **Kentucky**, $2,425, $1,540;

Louisiana, $3,725, $2,315; **Maine**, $1,232, $822; **Maryland**, $7,316, $4,604; **Massachusetts**, $7,767, $5,418; **Michigan**, $10,974, $9,621; **Minnesota**, $33,297, $36,846; **Mississippi**, $3,033, $2,227;

Missouri, $8,049, $9,126; **Montana**, $4,259, $3,740; **Nebraska**, $9,506, $9,497; **Nevada**, $7,055, $5,563; **New Hampshire**, $2,635, $2,990; **New Jersey**, $48,697, $17,348; **New Mexico**, $7,446, $6,042;

New York, $49,636, $42,511; **North Carolina**, $5,338, $5,689; **North Dakota**, $4,080, $2,549; **Ohio**, $41,651, $33,141; **Oklahoma**, $1,602, $1,458; **Oregon**, $6,539, $10,641; **Pennsylvania**, $63,699, $64,764;

Rhode Island, $892, $462; **South Carolina**, $40,149, $14,266; **South Dakota**, $6,615, $8,647; **Tennessee**, $6,916, $7,718; **Texas**, $44,013, $29,716; **Utah**, $11,064, $11,041; **Vermont**, $2,507, $2,186;

Virginia, $8,875, $7,209; **Washington**, $11,239, $9,115; **West Virginia**, $7,735, $5,881; **Wisconsin**, $8,611, $8,687; **Wyoming**, $2,671, $3,491; **District of Columbia**, $11,412, $7,155; **Hawaii**, $1,767, $2,483; **Puerto Rico**, $33, $45; **foreign**, $90, 0; **American Medical Association**, $100,000, $100,000; **interest on money invested**, $13,608, $10,239.

More Aged Health Policies Offered

Two more companies have entered the field of health insurance for people past 65 years of age, and Continental Casualty Co. is offering its "65 Plus" policy in eight additional states and the District of Columbia.

Mutual Benefit Health & Accident Assn., Omaha, Neb., has developed a "Senior Security Policy" which it is selling in Texas, Louisiana, and Oklahoma. Fireman's Fund Insurance Co., San Francisco, is offering its new "Fund/65 Plan" in California.

Both the Mutual and Fireman's Fund policies follow the informal group principle, enrolling everyone past 65 within a state as members of the group. Premiums for each policy are $6.50 per month.

Continental announced it is offering its "65 Plus" policy in California, Connecticut, New York, New Jersey, Delaware, Maryland, Ohio, and Pennsylvania.

The company first sold "65 Plus" in Iowa and then added Wisconsin, Illinois, and Indiana.

FOUR MILLION DOLLARS for U.S. medical schools was presented to Dr. John McK. Mitchell, president of the Association of American Medical Colleges by Chase Mellen Jr., executive vice president of the National Fund for Medical Education (left), and Dr. George Lull, president of the American Medical Education Foundation (right).

Stating It Briefly

Community Service: Mahoning County, Ohio, Medical Society checked, found 114 of its 134 members active in 95 different organizations. Ten physicians serve on Chamber of Commerce committees, two on Youngstown Board of Education.

Polio Campaign: California Medical Assn. president and president-elect—Dr. Francis E. West, San Diego, and Dr. T. Eric Reynolds, Oakland—called on state's physicians, medical societies to stamp out polio by plugging polio vaccine shots for all patients.

Health Careers: Connecticut State Medical Society, Woman's Auxiliary started state-wide program to acquaint high school students with 50 careers in health fields. About 150 Auxiliary members will act as local representatives to work with school principals, vocational counselors.

In Georgia: Dr. Howard C. Derrick is new mayor of LaFayette; Dr. Roy L. Johnson, Douglas, is new president of Coffee County Chamber of Commerce.

Texans' Code: A voluntary code is being prepared to enable Texas physicians, newspapermen, and hospital administrators to work together. It's sponsored by Texas Medical Assn., Texas Hospital Assn., Texas Press Assn.

New Buildings: Utah State Medical Assn. and Salt Lake County Medical Society now occupy a remodeled, enlarged headquarters building. The Medical Society of Virginia has moved into its new headquarters at Richmond.

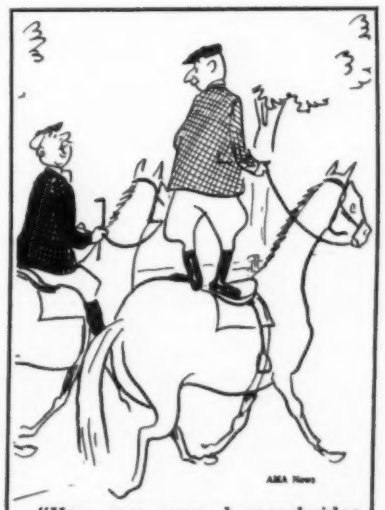
Baby Count: Dr. Carl T. Clark kept records during 25 years' practice, finds he's delivered 6,552 babies at Iaeger, W.Va., and neighboring Isaban, Bradshaw, Gilbert, and Roderfield. He has averaged one set of twins per year and delivered one set of triplets.

Dinner Guests: Clara Maass Memorial Hospital, Belleville, N.J., invited 1,500 residents of area to dinner to explain hospital's drive to raise $750,000 for a new school of nursing. No charge for dinner.

Oregon Award: Dr. A. J. Kreft, Portland, Ore., received Lewis & Clark Expedition medallion at annual luncheon of Oregon Division, Isaak Walton League.

On the Ball: The Bexar County, Texas, Medical Society thought the eight-team bowling league it sponsored in 1958 such a good public relations project that it will sponsor another this year with 10 teams of doctors, dentists, druggists, and detailmen.

Aging Conference: New Jersey Gov. Robert B. Meyner has called a Conference on Aging for April 16 in War Memorial Building at Trenton.



"How was your hemorrhoidectomy?"

Medical Education Group Organized

Development of a four-year private medical school in St. Paul, Minn., is the purpose of a newly organized group known as the Northern Association for Medical Education.

Dr. Davitt A. Felder is president of the group which includes more than 150 physicians in the Twin Cities area and which has offices at 527 Lowry Medical Arts Building, St. Paul 2, Minn.

Psychiatrist on TV

"A Conversation with Dr. Karl Menninger" will be the subject of a program in NBC-TV's *Wisdom* series at 2 p.m. (EST) March 22. Denver Lindley, editor of Viking Press, will talk with Dr. Menninger at the Menninger Foundation for Psychiatric Research, Topeka, Kan.

4 Societies Solve Speaker Problems

Physicians on Maryland's Upper Eastern Shore have solved a problem facing many small medical societies seeking outstanding speakers for their meetings.

Four county medical societies—from Kent, Queen Anne's, Talbot, and Caroline Counties—meet on a quarterly basis with each of the societies alternating as hosts.

The four societies have a combined membership of 52 and practically all attend the meetings of what is informally called the Upper Eastern Shore Medical Society.

A social hour and dinner precede a scientific session. Meeting together the societies have been able to get better speakers for their scientific sessions.

VA Hometown Care Endorsed

Medical care for a veteran with a service connected disability can be improved through the intermediary contract of the Veterans Administration's hometown care program, AMA's Committee on Federal Medical Services has declared.

Dr. Russell B. Roth, Erie, Pa., is chairman of the committee which is a part of AMA's Council on Medical Service.

Under the intermediary contract the state medical association designates a third party, usually Blue Shield, to administer the plan, bill the VA and pay the physicians.

The intermediary contract is an effective method of improving the care of a service connected disability because it provides for continuity of care through the family doctor, the committee said.

It cited these other advantages:

- Transportation costs to a VA hospital are eliminated.
- The veteran does not have to lose time from his work.
- He is not separated from his family.
- In some cases, it prevents hospitalization.
- It also permits follow-up on cases when they leave the hospital.

AMA's committee is planning to distribute a kit of information explaining the VA intermediary hometown care program as well as the other types of contracts under which VA uses local physicians: designated physician, where negotiations are between VA and individual doctors; direct, in which the medical association negotiates a fee schedule with VA for those doctors who want to participate, and the doctors bill VA and are paid directly.

Seven states and Hawaii now have intermediary contracts. The states are California, Michigan, North Carolina, New York, Oregon, Washington, and Wisconsin.

Occupational Health Programs Surveyed

A survey of small plant occupational health programs and services is being conducted by the Committee on Medical Care for Industrial Workers of the Councils on Medical Service and Industrial Health of the AMA.

Small plants, as defined in the survey, are establishments employing up to 500 persons.

Physicians who provide services such as preplacement, periodic, "hazardous employment," and return-to-work examinations on a formal basis for employees of small plants are invited to write to the committee for a copy of the questionnaire.

Booklet Describes Alcoholic Problems

Saving Men and Money, a publication on the alcoholism problem, has been published by the Chicago Committee on Alcoholism and the Chicago Association of Commerce and Industry.

The 64-page booklet presents information on the treatment of the alcoholic as well as descriptions of company programs for dealing with the problem.

Copies are available to the general public from the Chicago Committee on Alcoholism, 116 S. Michigan Ave., Chicago 3, Ill.

DR. WILLIAM VROOM, 93, of Ridgewood, N.J., uses an electric stethescope as he continues his 71-year practice at Ridgewood, N.J. Dr. Vroom, who founded the first hospital at Ridgewood and was the first doctor in Northern New Jersey to have a telephone, is the oldest living past president of the Bergen County Medical Society.

3 Nomenclature Institutes Set

Registration has been closed for the first of three 1959 institutes on the use of *Standard Nomenclature of Diseases and Operations*.

Registration for the first institute, March 2-4 at Morrison Hotel, Chicago, was closed with 136 applications.

Other institutes will be July 27-29 at Hotel Spokane, Spokane, Wash., and Nov. 16-18 at Sheraton Hotel, Rochester, N.Y.

The tuition-free institutes are designed to help doctor's offices, medical clinics, pathology departments, medical record librarians, and others install and maintain the *Standard Nomenclature*. Anatomy will be taught by Dr. Edward T. Thompson, editor, and nomenclature theory by Mrs. Adaline C. Hayden, associate editor.

PR for MDs

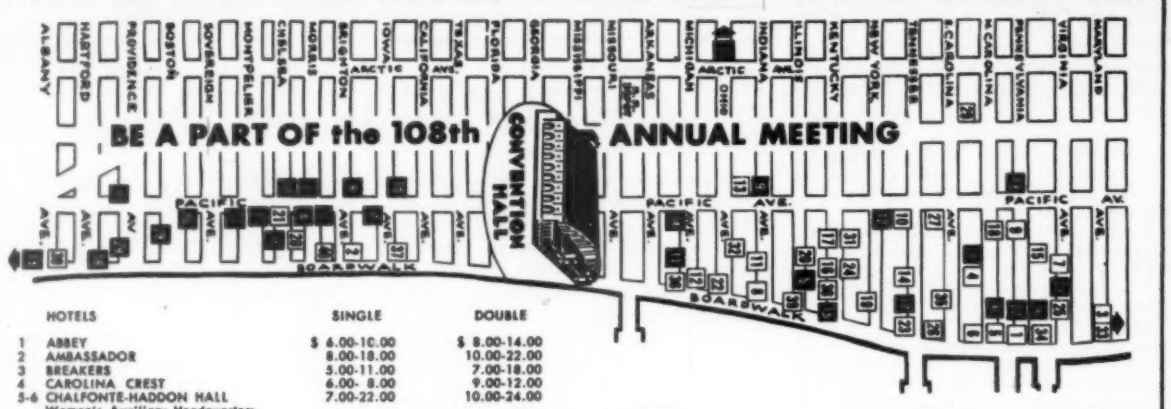
Putting yourself in the patient's shoes is the essence of good physician-patient relations.

There are occasions when an MD changes his office hours, closes the office to attend a medical meeting or for some reason is unable to keep on schedule with appointments. Let your patients know—by telephone, by letter or in advance conversations.

When an emergency arises and the appointment schedule is upset, head off those on the schedule by telephone if possible, give those who do show up an opportunity to shop for an hour or so, have coffee, or make a new appointment.

Your patients will appreciate your consideration. Their time is valuable, too.

CLIP AND SEND FOR ADVANCE A.M.A. MEETING AND HOTEL REGISTRATION



	HOTELS	SINGLE	DOUBLE
1	ABBEY	$ 6.00-10.00	$ 8.00-14.00
2	AMBASSADOR	8.00-18.00	10.00-22.00
3	BREAKERS	5.00-11.00	7.00-18.00
4	CAROLINA CREST	6.00- 8.00	9.00-12.00
5-6	CHALFONTE-HADDON HALL	7.00-22.00	10.00-24.00
	Women's Auxiliary Headquarters		
7	CLARENDON	5.00- 7.00	7.00- 9.00
8	CLARIDGE	9.00-18.00	13.00-22.00
9	COLTON MANOR	7.00-12.00	10.00-17.00
10	COLUMBUS		6.00- 8.00
11	CRILLON		8.00-12.00
12	DENNIS	7.00-18.00	10.00-23.00
13	EASTBOURNE	5.00- 8.00	7.00-11.00
14	FLANDERS	6.00- 7.00	8.00-12.00
15	HOLMHURST	4.50	6.00- 8.00
16	JEFFERSON	6.00- 8.00	8.00-12.00
17	KENTUCKY	4.00- 5.00	7.00- 8.00
18	LAFAYETTE	5.00-10.00	8.00-14.00
19	LEXINGTON	5.00	6.00- 8.50
20	MADISON	6.00-12.00	8.00-14.00
21	MARK	5.00- 7.00	6.00-10.00
22	MARLBOROUGH-BLENHEIM	8.00-10.00	11.00-20.00
23	MAYFLOWER	6.00-11.00	8.00-16.00
24	MONTICELLO	4.00- 5.00	7.00
25	MORTON	6.00- 9.00	8.00-12.00
26	NEW BELMONT	4.00- 5.00	6.00-10.00
27	NEW DRAKE	6.00- 9.00	8.00-11.00
28	OLD ENGLISH	8.00	8.00-14.00
29	PENN-ATLANTIC	5.00- 6.00	8.00-10.00
30	PRESIDENT	7.00-12.00	10.00-20.00
31	RICHFIELD-BOSCOBEL	4.00- 6.00	6.00- 8.00
32	RUNNYMEDE	6.00- 7.00	8.00-12.00
33	ST. CHARLES	6.00-10.00	8.00-14.00
34	SEASIDE	7.00-11.00	8.00-18.00
35	SENATOR	5.00-10.00	8.00-14.00
36	SHELBURNE	7.00-16.00	10.00-22.00
37	SHERATON-RITZ CARLTON	6.00-18.00	8.00-22.00
38	STERLING	5.00- 7.00	8.00-10.00
39	TRAYMORE Headquarters Hotel—No room accommodations		
40	CHELSEA		8.00-14.00

	MOTELS	SINGLE	DOUBLE
1	ALGIERS	$ 8.00-10.00	$10.00-14.00
2	BARONET		8.00-14.00
3	CAROLINA CREST	8.00	10.00-14.00
4	CASTLE ROC	10.00	12.00-14.00
5	CONTINENTAL	10.00	16.00
6	CORONET	8.00-16.00	10.00-20.00
7	DIPLOMAT	8.00-10.00	10.00-14.00
8	DUNES	10.00	12.00-14.00
9	EASTBOURNE	8.00	10.00-14.00
10	ELDORADO	8.00-14.00	10.00-16.00
11	EMPRESS	8.00-18.00	10.00-20.00
12	ENVOY		12.00-14.00
13	JOHN'S I AND II	8.00-10.00	10.00-14.00
14	LINCOLN AND ROOSEVELT BEACH	6.00-10.00	7.00-14.00
15	LOMBARDY	8.00-18.00	10.00-20.00
16	MARTINIQUE		8.00-14.00
17	MAYFLOWER	8.00-16.00	10.00-20.00
18	MONTE CARLO BEACH	5.00-15.00	10.00-20.00
19	MONTEREY	8.00-10.00	10.00-16.00
20	NAUTILUS	10.00	10.00-14.00
21	RIVER EDGE	6.00	8.00
22	SAHARA	7.00	10.00-14.00
23	ST. MORITZ	8.00-10.00	10.00-14.00
24	SAXONY	8.00-14.00	10.00-16.00
25	SEA ISLE	6.00- 8.00	8.00-12.00
26	SEASIDE	12.00	16.00-20.00
27	SEVILLE	6.00-12.00	8.00-16.00
28	STRAND OF ATLANTIC CITY	9.00-13.00	12.00-16.00
29	SUN 'N' SAND	10.00-12.00	12.00-14.00
30	TROPICANA	8.00-12.00	10.00-16.00

American Medical Association
Annual Meeting Housing Bureau
16 Central Pier
Atlantic City, N. J.

APPLICATION FOR ROOM ACCOMMODATIONS

Be sure to give six choices of hotels or motels
(Please print or type)

Please reserve the following:

Hotel..... Hotel..... Hotel.....

Motel..... Motel..... Motel.....

First Choice Second Choice Third Choice

.....Room(s) with bath for..... person(s). Rate $.....to $.....per room.

.....Room(s) with.....double bed or.....twin beds for..... person(s). Rate $.....to $.....per room.

.....Suite (parlor and bedroom) for..... person(s). Rate $.....

Date Arriving Atlantic City..... hour..... A.M..... P.M..... Leaving.....

Rooms will be occupied by: *(Please attach list of additional names if you do not have sufficient space here. Also list ages of children, if any.)*

.....

Name Street Address City Zone State

.....

If you are a technical exhibitor, be sure to give name of firm and individuals to occupy room or rooms reserved.

FOR MEMBER PHYSICIANS ONLY * ADVANCE REGISTRATION CARD**

Return before May 20, 1959, to the Circulation & Records Dept., American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois

NAME.....

ADDRESS..... CITY..... ZONE..... STATE.....

I am a Member of the..... State Medical Association or.....

Government service..... Signature.....

Important: Every physician must register in his own name.

Investments

Points To Watch In Buying Land

Is the purchase of land a good investment? Real estate counselors say it can be if you know the ropes and proceed with caution.

Almost every physician has said to himself, or heard his friends say, "Why, I could have bought that piece of land for x dollars 10 years ago, and today it is selling for four times that."

There are few areas in the U.S. where there hasn't been a sizeable boom in land. But all land has not gone up, and those who have made the most money in land are those who invested in the right piece of land.

Foresight Needed: As one real estate counselor put it, "The way to make money in land is to purchase acreage no one particularly wants today, but that everybody will be wanting in a few years."

This is easy to do in retrospect, but how do you spot a good buy today?

There are three general types of land that usually can be expected to give a good return for investors:

- Undeveloped acreage that eventually will be residential.
- Farmland or undeveloped land that eventually will be industrial or commercial.
- Land with such natural advantages as climate or water frontage that eventually will be in demand as resort or retirement land.

Unless you are luckier than most, you aren't likely to find land in any one of these categories that can be bought at the right price, unless you obtain professional advice and do considerable work on your own.

What To Study: If you're planning to invest in land, find out as much as you can about real estate in your area. One good source of information is the county courthouse. Here you can study tax rolls, deeds, subdivision plans, zoning restrictions, projected routes of highways, and any master plan developed for the area.

If you buy land that you hope eventually will be residential, be sure the land lends itself to the pouring of footings, laying of sewers and septic tank systems, and so on. Proper drainage is important, too.

It also is well to keep in mind that the larger the city the slower its radius moves outward. It might be years before the suburbs move out to envelope your acreage.

There are other factors that can make or break the land speculator such as the tightening of mortgage money, rezoning, and rerouting of highways.

Carrying Charges: Before you invest in land, ask yourself this question: Am I likely to need this money for several years? Land isn't easily converted into ready cash. Sometimes it takes many months to find the right buyer.

The carrying charges seldom are mentioned when you hear about the neighbor who bought land for $300 an acre and sold it for $1,500 an acre. Theoretically he quintupled his money, but when carrying charges, taxes, and commission on the sale are figured he probably tripled his money.

And he might have done as well with common stocks—an investment no more risky but much more liquid.

Success Formula

Dr. H. Relton McCarroll, St. Louis, president of the American Academy of Orthopedic Surgeons, recently advised young doctors who want to become leaders in medicine to:

- Make scientific contributions to medical literature.
- Have the honesty and willingness to fight for what one believes is right.
- Receive good training, think clearly, and work hard.

"You can hardly expect to attain great success if your primary interest in life is devoted to fishing or golf and orthopedics serves you only as a means of livelihood," he observed.

Group Loses Court Battle

An incorporated medical group in Portland, Ore., has lost a long court battle regarding the deductibility of payments made to physician-stockholders.

The group—Klamath Medical Service Bureau—is engaged in selling prepaid medical, surgical, and hospital plans or contracts and providing the medical and surgical services and hospitalization required under the plans and contracts.

A recent ruling by the 9th Circuit Court of Appeals upheld a Tax Court decision that the corporation could not deduct as "compensation" the payments it made to physician-stockholders which were in excess of 100% of the doctor's base fee billings.

The courts held that payment of the amounts over 100% was not compensation, but rather a guise for distributing corporate profits. If this arrangement is condoned, the courts stated, the corporation could siphon off its profits in the form of compensation and never pay taxes.

During the years in question—1951, 52, 53—these payments amounted to 116.9, 115.7 and 134.3 per cent of each physician's billings.

California Openings Statistically Poor

A physician thinking of moving to California should know that his chances of finding an opening are more than twice as good if he's a general practitioner than if he's a specialist.

In either case, however, his chance is statistically poor, according to records kept by Miss Lynne Atherton, who directs the placement service for the California Medical Assn. Her records show 565 physician applicants for practice opportunities in California and only 70 openings. That's slightly more than eight applicants per opening.

The GP does stand a better chance with 160 applicants and 33 opportunities, a ratio of 4.8 applicants per opening. Figures for specialists are: 405 applicants and 37 opportunities, 10.9 applicants per opportunity.

Study Started

New York University, under a contract with the New York State Workmen's Compensation Board, has started a one-year study of prompt and effective rehabilitation of industrially injured workers. The study will explore four areas—medical, legal, economics and community responsibility.

Bowling Doctors Agree Sport Is 'Good Medicine'

Doctors who bowl find the sport relaxing because it takes their minds off medicine.

They usually are members of teams which compete once a week. And, almost invariably, their wives are bowlers, too.

This profile emerges from interviews with some of the 92 entrants in the third annual Doctors' Bowling Tournament sponsored by the State Medical Society of Wisconsin.

Dr. S. J. Sweet, a 51-year-old GP from Milwaukee, won the Class A singles title with a three-game total of 627. He has been bowling for 15 years in a community center night league, and carries a game average of 170.

Relaxing Competition: Dr. Sweet says he finds bowling "a wonderful way to relax." He enjoys the fellowship among bowlers, but he also relishes the competition. In the championship play he rolled above-average games of 210-245-172.

Dr. H. W. Carey, 57, a GP from Lancaster, has been a bowler for 25 years. He competes twice a week, one night in a men's league, and another night in a mixed doubles league with his wife.

"Bowling takes my mind off my work," he says. "The bowling alley is just about the only place where I don't have to talk medicine. When bowlers get together, the only subject of any interest or importance is bowling."

The dean of Wisconsin doctor-bowlers in the tournament was 66-year-old Dr. A. F. Ottow, a GP from Beloit, who has been knocking pins down for 45 years. Twenty years ago he had a top-flight average of 180. Now he rolls games of about 135 to 140. But he's still a tough competitor. He responded to the pressure of the tournament with one game of 178.

Good Medicine: "That round was the best medicine in the world for me," he said happily. "Over the years bowling has been my one great joy aside from my work. It's a wonderful game."

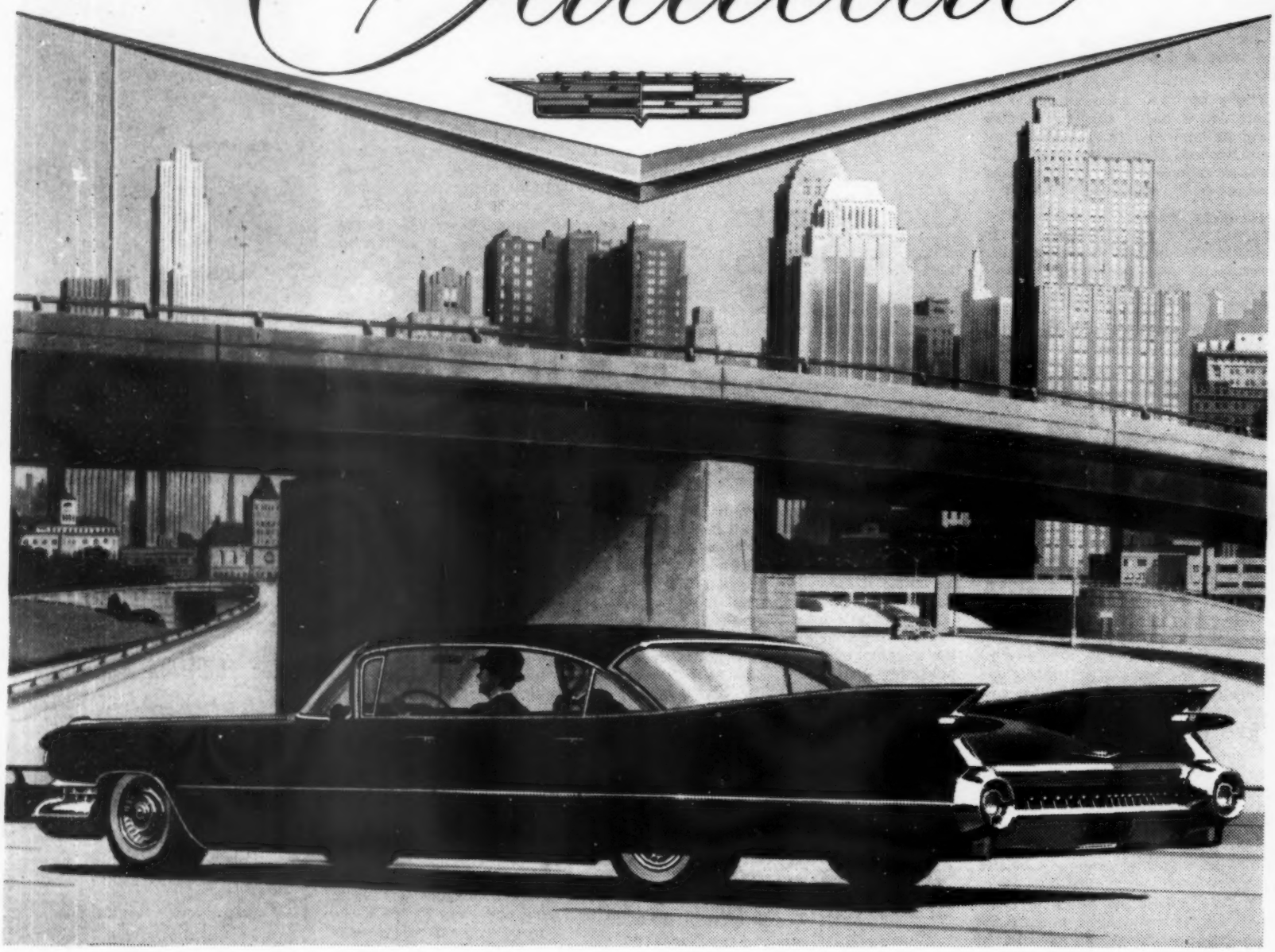
One busy young surgeon not only bowls in a church league each week, but also finds the time to coach the basketball team at the parish elementary school. He is Dr. G. E. Collentine, 38, of Milwaukee, a former varsity basketball player at Marquette University.

The slickest outfit at the tournament was a bright-shirted team of eight doctors from the Marshfield Clinic. This group has been bowling for six years in a city league and, despite the incessant calls to duty, has always managed to field a regulation team.

"Sometimes we don't have any extra players," says Dr. Charles Vedder, "but we haven't forfeited a game yet."

CHAMPION of the Class A singles competition in the Doctors' Bowling Tournament sponsored by the State Medical Society of Wisconsin is Dr. S. J. Sweet, Milwaukee.

Cadillac



Motordom's Most Convincing Hour!

Give us just a moment of your time and—in imagination—come with us now on a journey in a new 1959 Cadillac.

The car is waiting for you . . . the door is open . . . and the driver's seat is beckoning. Just slide in behind the wheel and pretend it's yours!

Here indeed is the most inspiring vantage point on *any* highway. You are supremely comfortable . . . vision is incredibly wide and clear . . . and you're surrounded by elegance and luxury.

Now turn the key in the ignition . . . nudge the accelerator ever so gently . . . and you're off!

It's quite an experience to sit in command of this great motor car—here where so many of the world's distinguished motorists sit—and watch the world sweep silently by.

Even the sound of the passing wind has been hushed to a whisper.

And driving itself? Just the gentlest touch of your hand and the lightest pressure of your foot control every movement of the car.

And so it goes—through the intricacies of the city's traffic . . . down the broad sweep of the boulevard . . . and over the country byways.

You simply sit there—rested and relaxed—the perfect master of every driving situation.

* * *

Too good to be true? Well, the proof is no farther away than your nearest Cadillac dealership—and no longer than an hour in the finding.

Stop in soon—and discover for yourself why the most glorious miles in the world travel beneath the wheels of the 1959 Cadillac!

VISIT YOUR LOCAL AUTHORIZED CADILLAC DEALER

Every Window of Every Cadillac is Safety Plate Glass